



OFFICE USE ONLY

Class _____ Teacher _____

Start Date _____

Withdrawal Date _____

MIKADO BAPTIST PRESCHOOL

2024-2025 SCHOOL YEAR

Child's Name _____ Goes By _____ Sex _____

Date of Birth _____ Age (as of September 1) _____

Home Address _____

Father's Name _____ Cell Phone _____

Father's Home Address (if different from child's) _____

Father's Email Address _____

Father's Place of Employment _____ Work Phone _____

Mother's Name _____ Cell Phone _____

Mother's Home Address (if different from child's) _____

Mother's Email Address _____

Mother's Place of Employment _____ Work Phone _____

Child's Living Arrangements Both Parents Mother Father Other

Child's Legal Guardian(s) Both Parents Mother Father Other

Siblings (names & ages) _____

Church you attend _____ Are you a member? Yes No

Would you like more information on Mikado Baptist Church? Yes No

The child may be released to the person(s) signing this agreement or to the following:

Name _____ Phone _____

Relationship to child _____ Relationship to Parent/Guardian _____

Name _____ Phone _____

Relationship to child _____ Relationship to Parent/Guardian _____

Persons to contact in the event of emergency when parent or guardian cannot be reached:

Name _____ Phone _____

Name _____ Phone _____

MEDICAL INFORMATION

Child's Doctor or Clinic Name _____ Phone _____

Allergies and/or food restrictions _____

My child has the following special needs _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center _____

My child is currently on medication (s) prescribed for long-term continuous use and/or has the following preexisting illness, allergies, or health concerns _____

Mikado Baptist Preschool does not discriminate against applicants and students on the basis of race, color, and national or ethnic origin. Mikado Baptist Preschool is not equipped to care for the special needs of physically and /or mentally challenged children.

Mikado Baptist Preschool requires that each child enrolled must have an up-to-date Immunization on file (Form 3231) in the school office. If your child is delayed on their immunizations, or if you do not immunize due to religious beliefs, a notarized note from your physician will suffice.

The registration fees secures a place for your child. A student's spot is not confirmed until a registration fee has been paid in full. This fee is non-refundable. To withdraw your child from the preschool, a 15 day advance written notice is required. Tuition and fees must be current through the last month attending. Tuition and fees are still due for withdrawals that occur without a 14-day notice. There will be no adjustments made for absences, illnesses, closures due to weather, or family vacations. In the event of a school closure due to inclement weather, we will follow Bibb County school closures. Please refer to your parent handbook for a copy of our school calendar.

WAIVER OF LIABILITY: In the event that I cannot be reached and my child needs emergency treatment, I authorize an attending physician at the nearest emergency room to administer necessary treatment to my child. I agree to assume all financial responsibility. I will hold harmless Mikado Baptist Preschool and its staff, Mikado Baptist Church, its staff and deacons and various governing boards, for any accident or injury that may occur to my child while attending Mikado Baptist Preschool.

My signature below indicates that I have read the Mikado Baptist Preschool Parent Handbook and understand and agree to abide by the policies and procedures set forth in this document.

Mikado Baptist Preschool is not licensed nor are we required to be licensed by the state. We are granted an exemption for licensing by the State of Georgia. We do maintain daily attendance records.



Permission to photograph your child for school use, newspaper, social media, or commercials? Yes No

Signature _____

Date _____