



**OFFICE USE ONLY**

Class \_\_\_\_\_ 3 day or 4 day

Registration Fee \_\_\_\_\_

Supply Fee \_\_\_\_\_

# MIKADO BAPTIST PRESCHOOL

2025-2026 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