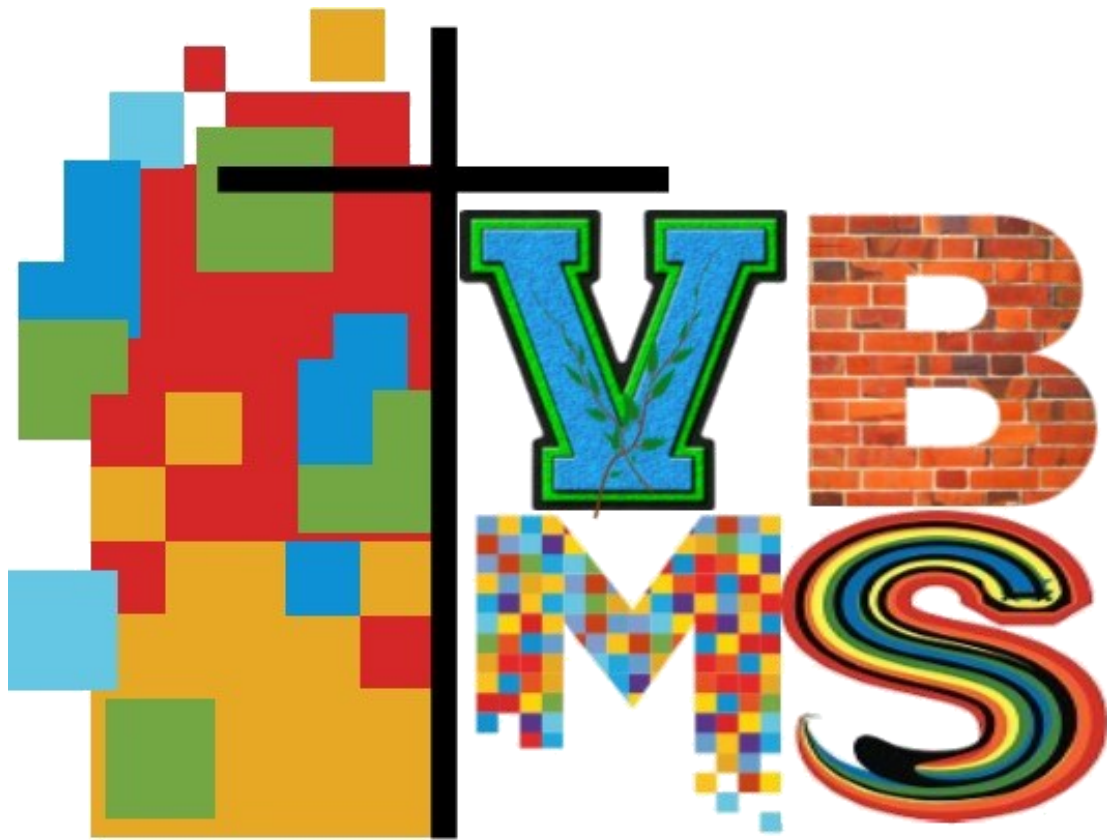


# Vineville Baptist Morning School

*Building Children Up "God's Way" since 1966*



Leigh Halverson, Interim Director ([lhalverson@vbcmacon.org](mailto:lhalverson@vbcmacon.org))

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2591 Vineville Ave. Macon, GA 31204

(478)743-9366

**STUDENT INFORMATION**

Program Request: M-F (\$230/month) \_\_\_\_\_ M/W/F (\$200/month) \_\_\_\_\_ T/Th (\$180/month) \_\_\_\_\_

D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age on Sept. 1st \_\_\_\_\_ Gender \_\_\_\_\_  
MM DD YYYY

Full Name: \_\_\_\_\_  
First Middle Last Goes By Name

Child's Physical Address: \_\_\_\_\_  
Street Address City/State Zip Code

Allergies: \_\_\_\_\_

Special Needs (e.g. medical, mental, emotional): \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**FAMILY INFORMATION**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Custody: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

**EMERGENCY CONTACT**

*Who do we call if we can't reach the parent(s)/guardian(s) listed above?*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Are there any family situations the teacher should be informed about? No \_\_\_\_\_ If Yes, please explain,  
\_\_\_\_\_  
\_\_\_\_\_

Previous Preschool/Program attended \_\_\_\_\_

Current Church Membership \_\_\_\_\_

Would you like information about Vineville Baptist Church? Yes \_\_\_\_\_ No \_\_\_\_\_

I represent that I am the legal guardian of the child enrolled and acknowledge that it is my responsibility to keep all information and authorizations pertaining to my child current. VBMS staff has permission to obtain emergency medical treatment for my child.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

VBMS agrees to provide care from August-May, and will follow the Bibb County school system for inclement weather. A VBMS handbook will be provided during Orientation/Open House that will list the calendar days and other necessary information.

(Please Initial)

\_\_\_\_\_ I give permission to VBMS to take pictures of my child to be used in artwork, class projects, bulletin boards, brochures, publications, the Vineville Baptist Church website and VBMS Facebook page.

\_\_\_\_\_ I give permission for VBMS to print my child's name, parent's name and contact information in the form of a class roster for distribution to classmates.

\_\_\_\_\_ I understand that the registration payment is non-refundable and is payable at the time of registration. Full payment of the registration fee and all completed forms are necessary to hold my child's spot in the Vineville Baptist Morning School. The registration fee is not a tuition payment.

\_\_\_\_\_ I understand that the yearly tuition is prorated over a 10 month period. The fees are due on the 1st day of every month beginning July 1. Payments are late after the 10th and a late fee of \$20 is charged beginning on the 11th of each month. All fees are subject to change. There is a 10% discount on tuition fees for each additional sibling enrolled from the same immediate family. The discount is applied to the sibling with the lowest tuition. The sibling discount is applied to tuition installments only.

\_\_\_\_\_ I understand VBMS reserves the right to dismiss a child if, after entering the program, the child is unable to satisfactorily adjust in group experiences or disrupts the learning environment of the class, or if necessary fees have not been paid.

\_\_\_\_\_ I understand that this signed contract is an official agreement to pay the disclosed tuition and fees associated with VBMS enrollment August-May. A \$200 fee will be charged if the child withdraws prior to fulfilling this agreement. Please submit a written request at least one month prior, explaining your need to withdraw your child from our program.

\_\_\_\_\_ I understand that GA State Law requires up-to-date immunization records for each child. I agree to furnish the school with a current record, Form 3231 before the first day of school.

# Vineville Baptist Morning School

## 2K, 3K, and 4K

Notice of Nondiscriminatory Policy as to students: Vineville Baptist Morning School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational and admissions policies.



**@VBMSLife**



Join our Remind Text Message System:  
Send a text to 81010  
Text this message, @vbms-2591

**Internal Use Only:**

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Program (*circle one*): 2K      3K      4K                      M-F                      M/W/F                      T/Th

**Forms on file:**

Application: \_\_\_\_\_

Art: \_\_\_\_\_

Carpool: \_\_\_\_\_

Emergency Closing Information: \_\_\_\_\_

Exemption: \_\_\_\_\_

Financial: \_\_\_\_\_

Form 3231, Certificate of Immunization: \_\_\_\_\_

Form 3300, Eye/Ear (Kindergarten Only): \_\_\_\_\_

Information Disclosure Release: \_\_\_\_\_

Nut Free Facility: \_\_\_\_\_

Parent Handbook: \_\_\_\_\_

Physical Education: \_\_\_\_\_

ID# Card Distributed: \_\_\_\_\_

Registration Fee of \$175.00 Paid: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Monthly Tuition Due: \$ \_\_\_\_\_

Sibling Discount: No \_\_\_\_\_ Yes \_\_\_\_\_; If yes, sibling's name: \_\_\_\_\_