

Vineville Baptist Morning School

**Our Mission is to embrace, encourage, engage, and educate every child,
helping them explore the world around them and learn about
God's Word, His Grace, and His Love, every day.**



Vineville Baptist Morning School

Programs offered:

August - May, 180 instructional Days, Monday - Friday

2K: 2 day, 3 day, or 5 day 9:00 -12:30

3K: 2 day, 3 day, or 5 day 9:00 -12:30

4K: 3 day, or 5 day 9:00 -12:30

Optional "Early Bird" Hours before school: 8:30 - 9:00

Mary Catherine O'Neal, Director mconeal@vbcmakon.org
2591 Vineville Ave. Macon, GA 31204
(478)743-9366

STUDENT

Full Name: _____, _____, _____
Last, First Middle Goes By Name

D.O.B ____ / ____ / ____ Age on Sept. 1st ____ Gender ____ Shirt Size ____
MM DD YYYY

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

Program Request: M-F (\$230/month) M/W/F (\$200/month) T/Th (\$180/month, 2K, 3K only)

FAMILY

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

E-Mail: _____ Email: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Mobile Phone: _____ Mobile Phone: _____

Custody: Mother Father Both Other

MEDICAL

Allergies: _____

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

Physician Name: _____ Physician Phone Number: _____

Hospital Preference: _____

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,

OTHER

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 ____ / ____ / ____

We operate a ten-month/180 instructional day program August-May. We follow the Bibb County School System for weather closings. A classroom calendar will be given each month to show any holiday or special events.

There is no refund for holidays, illness, or inclement weather. When the need to close arises, we will contact you via our Remind text messaging system and on the Vineville Baptist Morning School Facebook page. **Please be weather aware and monitor the news media for Bibb County School closings.**

(Please Initial and sign below)

_____ I give permission to VBMS to take pictures of my child to be used in artwork, class projects, bulletin boards, brochures, publications, the VBMS website and 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 your spot in the program. The registration fee is not a tuition payment.

_____ I understand tuition is due on the 1st and is delinquent after the 5th with a late fee of \$20 being assessed on the 5th. An additional \$20 late fee will be assessed each Tuesday following the 5th. If tuition and fees are left unpaid at the end of the month, the student may not return to school until the account is paid in full. If the account becomes delinquent again within a school year, your child will be dismissed from the program. If a child withdraws while having an outstanding account balance, no records or items will be released until the account is paid in full. If payment is not received within 10 business days of withdrawal, the account will be forwarded for collection.

_____ 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 Form 3231 before the first day of school.

PARENT/GUARDIAN SIGNATURE _____ **Date** ____ / ____ / _____



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, educator employment, and admissions policies.



Join the Remind
Text Message System
by texting
@vbms-2591
to phone number
81010

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:

<input type="checkbox"/>	Application	<input type="checkbox"/>	Emergency Closing
<input type="checkbox"/>	Carpool	<input type="checkbox"/>	Financial
<input type="checkbox"/>	Exemption	<input type="checkbox"/>	Nut Free Facility
<input type="checkbox"/>	Form 3231, Immunization	<input type="checkbox"/>	Physical Education
<input type="checkbox"/>	Parent Handbook	<input type="checkbox"/>	Covid Policy

ID# Card Distributed: _____

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

Monthly Tuition Due: \$ _____

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