

# 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@vbcmacon.org](mailto:mconeal@vbcmacon.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 Requested:  M-F (\$250/month)  M/W/F (\$210/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 email, text, 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 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 week 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, disrupts the learning environment of the class, responds in physical anger that can cause injury to staff or other students, or if necessary fees have not been paid.

\_\_\_\_\_ I understand that this application is a signed contract and 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 to withdrawal, explaining your need to withdraw your child from our program.

\_\_\_\_\_ I understand that GA State Law requires up-to-date immunization records or a notarized Immunization Exemption for each child. I agree to furnish the school with a current form or exemption before the child's first day of school.

\_\_\_\_\_ I understand that VBMS is not licensed and is not required to be licensed by the state. We are exempt from licensure by meeting the following exemption guideline: 591-1-1.46(1)(b)6 "Nursery school, playschool, kindergarten, etc. for ages 2-6 years: no more than 4 hours per day."

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **Printed:** \_\_\_\_\_

**Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

