

## General Information Sheet 2017-2018

Turn in your completed registration form, 121 Health Form, and fee(s) to the Learning Depot staff Monday—Friday, 8:30—1:30.

- The Learning Depot opens for the fall on Tuesday, August 22. Parents are REQUIRED to attend a Parent Meeting at 9:15 a.m. on the first day of school.
- Early Bird and Lunch Bunch will be available. There is one registration fee, of \$25 per child, plus an additional monthly cost. The tuition depends on the number of days weekly for which each child is registered. Drop-ins are possible with a paid registration fee and space availability for \$6 per day.
- Children's immunizations must be up to date with the "Certificate of Immunization Compliance" Form 121 completed by your child's physician or the Mississippi Health Department. This form must be turned in with the Registration Form and kept current throughout the year.
- Families with multiple children enrolled receive a \$20 family discount per month.
- September—April tuition will be the full monthly rate, August and May will be pro-rated half-month tuition. Payment is due on the 1st of each month. There is a late fee of \$5 per day if paid after the 10th of each month.

Registration Fee per child and 121 Health Form (due with completed form)	\$75 (non-refundable)
Registration Fee for Early Bird and/or Lunch Bunch, per child (due with <b>completed</b> form)	\$25 (non-refundable)
Supply Fee per child (due in January 2018)	\$75

AGE (by Sept. I, 2017)	DAYS	DAILY TIMES	MONTHLY COST (per child)
Babies/Ones/Twos	One day a week	9:00-1:00	\$75
Babies/Ones/Twos	Tuesday & Thursday	9:00-1:00	\$140
Babies/Ones/Twos	Tuesday, Wednesday, Thursday	9:00-1:00	\$200
Babies/Ones/Twos	4 day option available	9:00-1:00	\$275
Babies/Ones/Twos	Monday-Friday	9:00-1:00	\$340
Twos (Pre-K)	Tuesday, Wednesday, Thursday	9:00-12:00	\$175
Twos (Pre-K)	Monday—Friday	9:00-12:00	\$225
** Threes (Pre-K)	Tuesday, Wednesday, Thursday	9:00-12:00	\$175
** Threes (Pre-K)	Monday—Friday	9:00-12:00	\$225
** Fours (Pre-K)	Monday—Friday	9:00-12:00	\$225
Early Bird	Available Monday—Friday as registered	8:00-9:00	\$6/day
Lunch Bunch-send a lunch with your child.	Available Monday—Friday as registered	12:00-1:00	\$6/day

<sup>\*\*</sup> MUST be potty-trained.



## Registration Form 2017-2018

Ist Child:							/ /
Full Nam	ne: (First)	(Middle)	(Last)	Preferred N	Name	M F	Birth date
Pertinent Allergies Important medical or behavioral information			Special requests/needs for your child n to help your child be successful:				
Babies A, Ones B, Tv	vos C (9:00-1	:00) I Day	2 Day (Tues./	 Thur.)3 Day ( <sup>-</sup>	Tues./W	ed./Thur.	)4 Day5 Day
Circle: Pre-K 2, Pre-	K 3, Pre-K 4	(9:00-12:00)	_ 3 Day (Tues./W	ed./Thur.) 5 [	Day T-S	Shirt Size	XS (2-4) S (6-8)
Early Bird (8	:00-9:00)	Monday _	Tuesday	to attend Early Bi Wednesday Wednesday	$_{ m Thursd}$	ay	_ Friday
2nd Child:Full Nar	ne: (First)	(Middle)	(Last)	 Preferred	Name		/// Birth date
	( )	(* =)	(=33 4)				
Perti Important medical of	inent Allerg or behavior			Special reques		•	
Babies A, Ones B, Tv	vos C (9:00-1	:00) I Day	2 Day (Tues./	Thur.)3 Day (	Tues./W	ed./Thur.	)4 Day5 Day
Circle: Pre-K 2, Pre-	K 3, Pre-K 4	(9:00-12:00)	_ 3 Day (Tues./W	ed./Thur.) 5 [	Day T-S	Shirt Size	XS (2-4) S (6-8)
Early Bird (8	:00-9:00)	Monday _	Tuesday	to attend Early Bi Wednesday Wednesday	_ Thursd	ay	_ Friday
Mom's First & Lass	t Name:				Fmpl	oyer: _	
Address:				City	-	-	Zip
Cell #:			Work #:				<del></del>
E-Mail Address:							
<b>Dad's</b> First & Last N	Name:				Employ	yer:	
Address:							
Cell #:							
E-Mail Address:							
# Amt Pd Office	D	ate Received	c	ompleted Form		12	I Form
Start Date							

Parent's Relationship to E	ach Other: Mar	ried Dive	orced	_ Separated _	Single
Child lives with: Mot	her & Father	Mother F	ather	Other	
Who will be the primary	person to bring and/	or pick up your c	hild each day?	, 	
			Contact #	±:	
Who will be financially re	sponsible for your ch	nild's tuition?			
Every parent/caregiver					
Persons, in addition to pa			,		
				_ Phone #:	
Name:	Re	elationship:		Phone #:	
The following peop **Please complete the along with their drive	is area. We are r	equired by the	state to hav ense # MUS	e at least <u>one</u> p	erson listed,
Name	Relationship	Address	*Driver	's License #/Sta	te Phone #
I understand the person I will notify the Lear	picking up my child v ning Depot Support				
Parent's signature:	<del> </del>		Da	te:	
Are you a member of Te	mple Baptist Church?	Yes	No		
Would you like informati	•		<del></del>	No	
Church your family atten-	ds:			City:	
Interested in joining a Mo	m's group for Bible s	tudy to meet one	ce a week or	once a month? _	YesNo
Suggestions for Bible Stud	ly topics, best times.	etc:			

## **Medical Release**

In enrolling my child (children) in the Learning Depot Preschool at Temple Baptist Church of Hattiesburg, MS, I understand that Temple Baptist Church assumes no responsibility for sickness or injury which may occur while my child (children) is (are) in attendance at the Learning Depot. As a condition of enrollment of my child (children) in the Learning Depot, I hereby relieve and release Temple Baptist Church and its employees from any and all liability for injury or sickness which may occur for any cause while my (our) child (children) is (are) in this program. In order to meet all legal requirements, I hereby authorize a representative of Temple Baptist Church to give consent for any and all necessary medical care for my child (children) while in Temple Baptist Church's custody.

Parent's signature:	Date:
Registration Po	olicy Agreement
will be made to accommodate my child. I agree to abide registration fees of \$75 per child and \$25 for Early Bird/Lui year and is non-refundable unless a spot is unavailable. I use Lunch Bunch is due in full regardless of my child's attendate enrolled each day. My registration is my financial commodate my child and the same and the same accommodate my child and the same accommodate my child. I agree to abide registration fees of \$75 per child and \$25 for Early Bird/Lui year and is non-refundable unless a spot is unavailable. I use the same accommodate my child. I agree to abide registration fees of \$75 per child and \$25 for Early Bird/Lui year and is non-refundable unless a spot is unavailable. I use the same accommodate my child.	y child a spot in Temple's Learning Depot but every attempt by all of the <b>Learning Depot</b> policies. I understand the nch Bunch, if applicable, will reserve my child's space for the inderstand that my child's tuition including Early Bird and/or nce. Staff is employed according to the number of children mitment for the number of days indicated at the time of on is due on the first day of the month and a \$5.00 per day onth.
Parent's signature:	Date:
Photograph	y Permission
I do do not give permission for my child (ch Church's Learning Depot ministry.	ildren) to be photographed or videotaped at Temple Baptist
Parent's signature:	Date:
Inte	rnet
The Learning Depot maintains a Face Book page.	
I do do not give permission for my child's site.	(children's) photo(s) [with no name] to be posted on this
Parent's signature:	Date:
Hand	lbook
Temple's Learning Depot will provide a handbook to each f 22nd. The Learning Depot maintains liability insurance.	family at the required Parents' Meeting on Tuesday, August
Parent's signature:	Date: