



Application for Enrollment

School Year 2024-2025

OFFICE USE ONLY		
Registration Date	Registration Fee Amount	Check #, CC. Brightwheel

Preferred Class Days:

1st choice _____ 2nd _____

Age on 9/1/24 _____ Sex _____

Birth date _____

Name of Child _____

Name Child is Called _____

Street Address _____

Subdivision _____

City _____ Zip Code _____

Home Phone # _____

E-mail address(es) _____

Name of Parents or Legal Guardian _____

Mother _____

Employed by _____

Work Phone # _____ Cell # _____

Father _____

Employed by _____

Work Phone # _____ Cell # _____

Other children in family:

Name _____ Birth date _____

Name _____ Birth date _____

Name _____ Birth date _____

Church Affiliation _____

Referred by _____

Pickup Policy — children will only be released to parents or those listed in Brightwheel as Approved for pick up. Or listed in Authorization for Pick Up form.

Parents must walk in to pick up children. Only parents or those authorized for pick up will be allowed to take children home at the end of the day. If a person other than the parents is to pick up, that person must be listed in the records and will be asked to show ID before the child is released. In addition, a note from the parent or call to the school must be provided, authorizing the person for pick up on that day.

I have read the above instructions and agree to provide the necessary information for someone other than myself to pick up my child.

_____ Date _____
Parent/Guardian Signature

Photographs/video are taken for Facebook, local news and print media as well as for our own publications. A separate photo/video release form will be provided.

Immunizations: Georgia State Form 3231 will be required as of the first day of school.

Release of Liability/Indemnity

I, parent/guardian of _____ for myself and for my minor child, do hereby fully release and forever discharge Bascomb United Methodist Preschool, Bascomb United Methodist Church, Bascomb United Methodist Preschool staff, volunteers and guest participants from any and all claims for injuries, damages, or loss that my minor child or I may have (or which may occur to me or my minor child) arising out of participation Bascomb United Methodist Preschool in which I have enrolled my minor child. I further agree to indemnify and defend against any such claims.

I have read and fully understand this Bascomb United Methodist Preschool Release of Liability.

_____ Date _____
Parent/Guardian Signature

I agree to attend the Open House Parent Orientation and/or will read the parent handbook that is provided electronically via email. Hard copies of parent handbooks are available upon request.

_____ Date _____
Parent/Guardian Signature

Electronic registration forms will be e-mailed to you upon acceptance of your application.

I agree to complete the electronic registration forms found in Brightwheel links, including additional registration forms, pick up information and other informational forms.

_____ Date _____
Parent/Guardian Signature

No registration will be considered without full payment and a signed registration form. For questions, please contact Kathi at 770-926-0397 or email kathi@bascombpreschool.com Additional information on www.bascombpreschool.com.