

2020-2021 Enrollment Program Selection Form

Student Name: _____ Date of Birth: _____ M _____ F _____

Parent Name: _____ Phone number: _____

The registration fee for all classes, except Kindergarten, is \$150.00. Kindergarten registration is \$150.00 plus a \$25.00 testing fee = \$175.00. If you are registering a third child, we will waive the class registration fee for the third child. (This does not include extended session registration fees). The registration fee holds your child's placement for the school year and helps defray operating costs.

REGISTRATION FEES ARE NON-REFUNDABLE.

Please check your desired program:

____ **Mother's Morning Out / One-Year-Olds – Three-Year-Olds (9:30-1:30) Friday Only**
(Yearly Tuition = \$720.00 / 9 Monthly Payments of \$ 80.00)

____ **One-Year-Olds (9:30-12:30)**
____ **2 days per week / Tu & Th** (Yearly Tuition = \$1,350.00 / 9 Monthly Payments of \$150.00)

____ **Two-Year-Olds (9:30-12:30)**
____ **2 days per week / Tu & Th** (Yearly Tuition = \$1,350.00 / 9 Monthly Payments of \$150.00)

____ **3 days per week / T,W,Th** (Yearly Tuition = \$1,620.00 / 9 Monthly Payments of \$180.00)

____ **Three-Year-Olds (9:30-12:30)**
____ **3 days per week / T,W,Th** (Yearly Tuition = \$1,620.00 / 9 Monthly Payments of \$180.00)
____ **4 days per week / T,W,Th,F** (Yearly Tuition = \$1,890.00 / 9 Monthly Payments of \$210.00)

____ **Four-Year-Olds (9:30-12:30)**
____ **3 days per week / T,W,Th** (Yearly Tuition = \$1,620.00 / 9 Monthly Payments of \$180.00)
____ **4 days per week / T,W,Th,F** (Yearly Tuition = \$1,890.00 / 9 Monthly Payments of \$210.00)

____ **Kindergarten (9:30-1:30) / 4 days per week/ T,W,Th,F**
(Yearly Tuition = \$2,340.00 / 9 Monthly Payments of \$260.00)

- While there are several times throughout the year when school is closed, tuition is based on the number of days throughout the entire school year. The monthly tuition payment option is for the convenience of our parents and is NOT based on the number of days per month that a child attends school.

____ **Extended Session (12:30-1:30) Additional Registration & Monthly Cost** - We encourage you to register for extended session on a yearly basis. This will permanently enroll your child for the year and guarantee him/her a spot each month. (Occasionally we will have spots open during the year, but that does not happen very often.) Extended Session tuition will be added to your monthly tuition payment and, as all programs, carries a registration fee to secure a permanent spot.

____ 4 day (Tuesday / Wednesday / Thursday / Friday) \$40.00

____ 3 day (Tuesday / Wednesday / Thursday) \$30.00

____ 2 day (Tuesday / Thursday) \$20.00

____ 1 day (Wednesday only) \$10.00

Class Selection Registration Fee _____

(Optional) Extended Session Reg. Fee _____

Total Fees Due for THIS child _____

*** NEW Student registration fees are only payable by cash or check**



January 21, 2020

Dear Parents,

In looking for a quality early education center, accreditation is an indicator that the program values young children enough to pursue excellence in every aspect of its operation. ACSI accreditation, specifically, requires centers to perform a self-study evaluating every aspect of its program against standards that represent best practice in the field.

In general, the program must document how they are promoting children's growth in the following areas: cognitive, social, emotional, physical and spiritual. A significant feature of ACSI accreditation is the emphasis on children's spiritual development, viewed as an integral component of their overall development. To this end, accreditation requires the center leadership and staff to examine the impact of the teacher/child interactions, the environment and the program upon children's spiritual development.

The process of accreditation includes the following components:

- Completion of a self-study based on active participation and feedback from all staff members.
- On-site verification of the self-study by trained evaluators with expertise in early childhood education
- Accreditation decision made upon review of the program's self-study, visiting team report and supporting documentation in the detailed observation guide.
- Submission of an annual report detailing the preschool's response to recommendation of the visiting team.
- Renewal of accreditation every five years.

Bright Beginnings Preschool is proud to announce the completion of the accreditation process and the National ACSI Early Education Accreditation Commission first granted Bright Beginnings Preschool accredited status in 1998. Bright Beginnings was re-accredited in May 2001, October 2003, June 2010 and June 2015. As of today, Bright Beginnings Preschool is one of the few ACSI accredited preschools in the State of Georgia. This speaks to the quality of this school. As a parent, your child is not attending "play school" or "day care." Your child is receiving a top-notch preschool education, and they will be adequately prepared upon graduation from this school. Thank you for all of your support. Parents make all the difference!

Celebrating God's goodness,

Laura Ryan
Director

ACSI Mission

ACSI exists to strengthen Christian schools and equip Christian educators worldwide as they prepare students academically and inspire them to become devoted followers of Jesus Christ.

ACSI Vision

ACSI will become a leading international organization that promotes Christian education and provides training and resources to Christian schools and Christian educators, resulting in

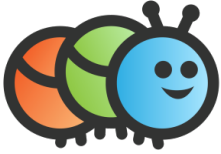
- schools that contribute to the public good through effective teaching and learning and that are biblically sound, academically rigorous, socially engaged, and culturally relevant; and
- educators who embody a biblical worldview, engage in transformational teaching and discipling, and embrace personal and professional growth.

Registration Procedures

If you need to enroll a child that is new to our program:

1. Fill out the Enrollment Program Selection Form. **Use one form for each child you are enrolling.**
2. Fill out the Student Enrollment Form.
3. Read and sign the Bright Beginnings Parental Agreement.
4. Read and sign the Bright Beginnings Consent Form
5. Read and sign the Bright Beginnings Fundraising Form.
6. Fill out the Emergency Information Contact Card.
7. Fill out the Annual Emergency Medical Release/Field Trip Release Form*.
 - a. Both parents must sign this form.
8. Fill out the handbook agreement form. Please make sure you read through the 2020-2021 handbook and understand our school policies.
9. Attach the Administrator/Teacher Recommendation Form only if your child has previously attended another preschool or day care facility.
10. Attach a copy of your child's:
 - a. Birth Certificate
 - b. Health Insurance Card
 - c. Current Immunization Record (**must be form 3231**). **Due to health department regulations, we will not accept any handwritten or partially handwritten Immunization Records.**
 - d. Vision/Hearing/Dental Certificate (**Kindergarten Only**)
11. Complete the Student Folder Checklist to ensure that you have attached ALL of the required information due upon registration. **Without all the necessary documents and fees, your child WILL NOT be placed in a class.** Attach the appropriate registration fees to the top of your packet.

*** NEW Student registration fees are only payable by cash or check**



Bright Beginnings Preschool Parental Agreement

PHILOSOPHY

- ◆ We believe that parents are the primary educators of their children spiritually, physically, socially, and emotionally.
- ◆ We believe that the Holy Bible is God's inerrant Word. (2 Timothy 3:15, 2 Peter 1:21)
- ◆ We believe that the Christian Preschool should cooperate with the parent to provide Christian Education for the child. **Compromises will not be made when philosophy is based on scripture.**
- ◆ We believe Christ died and rose again for the salvation of children and adults. (John 3:16 – 19)
- ◆ We believe that the Bible and religious training are a part of every aspect of the Christian Preschool program.

Statement of Faith

WE SINCERELY BELIEVE, the Holy Bible to be the inspired, authoritative, inerrant Word of God. (II Timothy 3:15; II Peter 1:21)

WE BELIEVE, there is one God, eternally existent in three persons – Father, Son, and Holy Spirit. (Genesis 1:1; Matthew 28:19; John 10:30)

WE BELIEVE, in the deity of Christ (John 10:33)

His virgin birth (Isaiah 7:14; Matthew 1:23; Luke 1:35)

His sinless life (Hebrews 4:15; Hebrews 7:26)

His miracles (John 2:11)

His vicarious and atoning death (I Corinthians 15:3; Ephesians 1:7; Hebrews 2:9)

His resurrection (John 11:25; I Corinthians 15:4)

His ascension to the right hand of the Father (Mark 16:19)

His personal return in power and glory (Acts 1:11; Revelation 19:11)

WE BELIEVE, in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature; and that men are justified on the single ground of faith in the shed blood of Jesus Christ; and that only by God's grace and through faith alone, we are saved. (John 3:15-19; John 5:24; Romans 3:23; Romans 5:8-9; Ephesians 2:8-10; Titus 3:5)

WE BELIEVE, in the resurrection of both the saved and the lost; they that are saved unto the resurrection of life, and they that are lost unto the resurrection of damnation. (John 5:28-29)

WE BELIEVE, in the spiritual unity of believers in our Lord Jesus Christ. (Romans 8:9; I Corinthians 12:12-13; Galatians 3:26-28)

WE BELIEVE, in the present ministry of the Holy Spirit by whose in-dwelling the Christian is enabled to live a godly life. (Romans 8:13-14; I Corinthians 3:16; I Corinthians 6:19-20; Ephesians 4:30; Ephesians 5:18)

WE BELIEVE, that prayer is vitally important to under gird the oneness we have in Christ as a Bright Beginnings family.

WE BELIEVE, parents are the primary educators of their children, spiritually, physically, socially, and emotionally.

WE BELIEVE, that the Christian school should cooperate with the parent to provide a Christian education for the child. **Compromises will not be made when philosophy is based on scripture.**

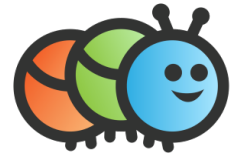
WE BELIEVE, the Bible and religious training are a part of every aspect of the Christian school program.

I have read and understand the above philosophy and statement of faith of Bright Beginnings Preschool. I agree with the philosophy and realize that in order for my child to receive an effective Christian Preschool education, I must support and reinforce this philosophy at home. I hereby, enter into contract with Bright Beginnings Preschool, and promise to support the above philosophies and statement of faith taught in the program. I further understand that if at any point I can no longer support the above philosophies and/or statement of faith, I will contact the Director/teacher to discuss the possible removal of my child from the program. I further agree to participate in all fundraising activities and follow all school policies, especially those concerning student withdrawal and conflict resolution.

Parent/Guardian Signature _____

Date _____ Child's Name _____

* Bright Beginnings is a non-profit ministry of the First Baptist Church of Loganville. Bright Beginnings does not discriminate on the basis of race, color, sex or national origin.



Annual Emergency Medical Form

2020-2021 School Year

Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless Bright Beginnings Preschool, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

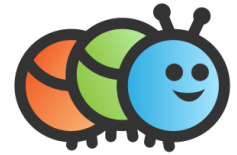
Father/Guardian's Signature and Date

Mother/Guardian's Signature and Date

Name Printed

Name Printed

If the child lives with both parents, the release must be signed by both parents/guardians.



Bright Beginnings Preschool 2020-2021 School Year Handbook Signature Form

Because we believe parent support, involvement, and communication are vital to the success of our school, we are asking that you take time to read everything contained in this handbook. Your child's success depends on all of us working together. It is imperative that every parent understands the school's policies, procedures, and philosophy.

We also want each parent to know that Bright Beginnings is not a day care facility and is not licensed by the State of Georgia as such a facility. If you have additional questions or need further information, please feel free to contact the preschool office. The Director will be glad to clarify any portions of this document.

Once you have read through this handbook and understand the school's policies and procedures please sign below.

Thank you for your support. We look forward to a great school year.

Serving You on His Behalf,

Bright Beginnings Preschool Board

I have read through the Bright Beginnings Parent Handbook and understand the policies, procedures, and philosophy of the school.

Parent signature

Date

Consent Form

Please read each section carefully.

Please sign and date.

Email Communication Consent

Bright Beginnings Preschool uses email as our primary form of communication. This includes monthly newsletters, book club information, updates and more. Please list below all addresses that you would like to be included in our email list. By submitting these email addresses, you are consenting to receive communication from Bright Beginnings Preschool via email.

Signature

Date

List all Applicable Email Addresses

Picture and Social Media Consent

During the school year we have many fun and exciting learning activities. We like to document these activities with photography and video. By signing below you give Bright Beginnings permission to use your child's pictures/video on social media such as Facebook and Instagram, school newsletters, school projects and our school website.

Signature

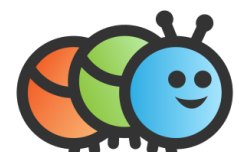
Date

Release of Information Consent

By signing below, you authorize Bright Beginnings Preschool to release your personal information to other BBP parents, teachers, and staff **ONLY**. This information will only be released within Bright Beginnings Preschool.

Signature

Date



Fundraising

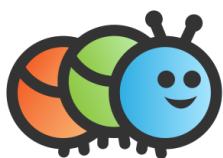
Each Family is required to participate in two fundraisers each year. All fundraising decisions are made by the school board on a yearly basis. If a family chooses not to participate in the fundraiser, they may opt to pay the sustaining fee. It is required that every family participate in the fundraisers or pay the sustaining fees.

The fall fundraiser fee is \$100.00 and consists of selling Bright Beginnings Preschool discount cards. You will receive 10 cards, which will be sold for \$10.00 each. *You may choose to pay the \$100.00 sustaining fee in place of selling the cards.* The Fall fundraiser/sustaining fee is due at open house.

The spring fundraiser fee is \$50.00 and consists of a school-wide read-a-thon. The spring fundraising/sustaining fee is due March 1st.

By signing below, you are acknowledging your required participation in the Bright Beginnings fall and spring fundraiser/sustaining fees. If fundraising fees are not paid, a notice will be sent home and the child cannot return unless payment arrangements are made.

Signature: _____



Bright Beginnings Preschool



Child's Favorite Activities _____

Child's Favorite Toys, play objects _____

Briefly describe your child in social and personal terms _____

What are the usual hours your child naps during the day? _____

Bedtime _____

Do you have any pets at home? _____ If yes, what kind? _____

Does your child fear any animals? _____ If yes, what kind? _____

EMERGENCY INFORMATION:

Child's Physician _____ Address _____

_____ Phone Number _____

Other persons to be notified in case of illness, accident, or emergency when parent/guardian may not be reached:

Name/Relationship _____ Phone No. _____

Name/Relationship _____ Phone No. _____

Name/Relationship _____ Phone No. _____

Please let the above persons know that if Bright Beginnings Staff are not familiar with that individual, the staff will ask them for identification, and/or a phone call will be made to parent/guardian to verify identity.

This child may NOT be released to the following: (due to custody arrangements, etc.)

Name/Relationship _____

MEDICAL INFORMATION:

Does the child have any physical problems, mental health disorder, mental impairment, or developmental disabilities which would limit the child's participation in the Preschool's program and activities? ____ yes ____ no

If yes, explain. _____

Does your child have any allergies?* If so, please explain:

*If your child has a severe allergy (requiring antihistamine or epinephrine) please fill out additional forms in the main office.

Were there any complications during pregnancy or at birth? If yes, explain. _____

Are there any special problems required in caring for your child? If yes, explain. _____

MEDICAL INFORMATION (cont.)

What illnesses has the child had? At what age? Chicken Pox _____ Scarlet Fever _____ Diabetes _____

Mumps _____ Measles _____ Hepatitis _____ HIV _____ Other _____

Does your child have frequent colds? Seasonal allergies? _____ If yes, explain. _____

Has your child had any serious accidents? If yes, explain. _____

Has your child had a vision test? _____ Hearing test? _____ If yes, what were the results? _____

Does your child wear corrective shoes? _____

Special instructions regarding eating habits, pottyng, nap time or other? _____

DEVELOPMENTAL HISTORY OF CHILD:

Age at which child: Crept on hands and knees _____ Sat Alone _____ Walked Alone _____

Named simple objects _____ Repeated short sentences _____ Slept through the night _____

Began toilet training _____ Word child uses for urine/bowel movements _____

Is the child right or left handed? _____

Does the child have any special fears that you are aware of? _____

Is your child used to being separated from you? _____

How does your child accept separation when he is left home with a baby-sitter: With difficulty _____

With ease _____ Reluctant _____

Is your child aware of acceptable behavior? _____ yes _____ no _____ usually _____ sometimes

How would you describe your child's attitude toward coming to Preschool? _____ Eager

_____ Frightened _____ Reluctant

Describe your child's adjustment regarding the following situations:

	Hesitant	Ready	Eager
Small Groups	_____	_____	_____
Large Groups	_____	_____	_____
New Friends	_____	_____	_____
Familiar Friends	_____	_____	_____

Does your child have any speech problems that you are aware of? _____

DEVELOPMENTAL INFORMATION (cont.)

Has your child even qualified for services or been serviced by Babies Can't Wait? _____

What method(s) of behavior control is used in your home? _____

EDUCATIONAL INFORMATION:

Has your child ever attended another preschool program or day care program? _____ Yes _____ No

If so, complete the following questions:

Name the school attended and indicate if it was a day care or preschool setting. (Record transfer and referral form must be submitted with application)

Is there an outstanding balance on your child's account at a previous school? _____ Yes _____ No

OTHER INFORMATION:

Church Preference (Denomination) _____

Church Membership? _____

If so, please give the name of your church _____

How did you hear about our program? _____

I would be interested in being visited by a member of First Baptist Church of Loganville. _____ Yes _____ No

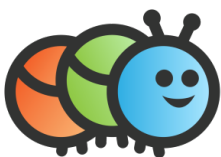
Other Comments: _____

Brothers and/or sisters involved in the program: _____

I understand that Bright Beginnings Preschool is a non-profit ministry that operates on the tuition of its students. As a parent enrolling his/her child, I am entering into a legal binding contract (tuition contract will be completed upon completion of application process) with Bright Beginnings Preschool to pay the designated tuition for the school year. Should I choose to withdraw my child before the end of the school year, I must follow the school policies and procedures concerning the withdrawal of students. Because students typically cannot be replaced after January, if a student is withdrawn during the month of December or later, I agree to pay tuition for the remainder of the year unless their spot is filled within the month. I further understand that failure to follow these school policies will result in additional tuition penalties.

Parent Signature

Date



Bright Beginnings Preschool

Administrator/Teacher Recommendation

Student Name _____

Current School _____

Present age level _____ with _____ other students in the class, _____ days per week, _____ hours per day.
Attendance is **regular/irregular** (please circle one).

Name of School _____

School Address _____
Street

City

State

Zip

Please indicate your ratings by checking the appropriate box. Use a question mark where you have insufficient information. Your candid estimate will be of invaluable assistance to the administration and your comments will be held in strict confidence.

Academic Readiness

Advanced Age Appropriate Progressing towards Age Appropriate Area of Concern

	Advanced	Age Appropriate	Progressing towards Age Appropriate	Area of Concern
Ability to listen in a group				
Contributions to discussions				
Ability to follow directions				
Ability to work cooperatively				
Ability to complete tasks				
Ability to focus on task				
Ability to transition				
Ability to follow classroom routines				
Response to correction				
Ability to initiate interaction/activities				
Ability to solve problems				
Ability to express thoughts/ideas				



Social/Emotional/Physical Development

	Advanced	Age Appropriate	Progressing towards Age Appropriate	Area of Concern
Ability to work independently				
Ability to cooperate in class				
Capacity to lead				
Capacity to follow				
Ability to follow classroom rules				
Articulation				
Gross motor skills				
Fine motor skills				

	Exceptional	Above Average	Average	Below Average	Poor
Academic potential					
Motivation					
Classroom behavior					
Respect for authority					
Parent support					
Parent involvement					

In what capacity and how long have you known the applicant? _____

Please indicate the applicant's attitude towards school _____

Has the applicant ever been suspended or expelled? If yes, explain. _____

To your knowledge, has the student had any history of conduct or behavioral problems? If yes, explain.

Additional comments, if needed _____

Call 770-466-2770 with questions. Thank you for your time. Please mail or fax this completed form to: Bright Beginnings Preschool, 680 Tom Brewer Road, Loganville, GA 30052 or Fax: (770) 807-0558

Teacher/Administrator Name _____ Phone _____

Signature _____ Date _____

School _____ Position _____

Student Folder Checklist

To be completed by the parent prior to registration. Use one form per student and attach all documents.

Child's Name _____

Fall age level _____ Date of birth _____

_____ Enrollment Program Selection Form

_____ Student Enrollment Form

_____ Parental Agreement

_____ Emergency Information Contact Card

_____ Annual Emergency Medical/Field Trip Release Form

_____ Handbook Signature Form

_____ Consent Signature Form

_____ Fundraiser Signature Form

_____ Administrator/Teacher Recommendation (Required only if your child has attended another preschool or daycare facility).

_____ Copy of Official Birth Certificate

_____ Copy of Health Insurance Card

_____ Current Immunization Record – **must be Form 3231** * (Due to Health Department Regulations, we will not accept any handwritten or partially handwritten Immunization Records.)

_____ Vision/Hearing/Dental Certificate *

- Kindergarten Only

I verify that all the above items are attached and current. I understand that all of these documents must be attached or on file with the office in order to register my child for the 2020-2021 school year. If any required item is missing,

I understand that my child will NOT be placed in a class until the school receives these items. I further understand that this will cause a processing delay and my child may lose the opportunity to be enrolled in a classroom.

Parent Signature _____

Date _____

Child's Name _____ Date of Birth _____

Address _____ Home Phone No. _____

_____ E-mail _____

Parent's Name: Mother _____ Employer _____

Business Phone _____ Cell _____

Father _____ Employer _____

Business Phone _____ Cell _____

Preferred number for Calling Post Announcements (include any additional family members, caregivers, etc.) _____

<p style="text-align: center;">If there is a separation or divorce in the family, please complete the section below:</p> <p>If separated or divorced, with which parent does the child reside? _____</p> <p style="text-align: center;">Please describe the custody agreement regarding either parent visiting classes or taking the child from school:</p> <p>_____</p> <p>_____</p> <p>Name of legal guardian _____ Home Phone _____</p>

IF A PARENT CANNOT BE REACHED: LIST IN ORDER OF CONTACT PREFERENCE

Name _____ Relationship _____

Phone Numbers _____ Cell _____

Name _____ Relationship _____

Phone Numbers _____ Cell _____

PHYSICIAN/MEDICAL INFORMATION:

Child's Doctor _____ Phone No. _____

Child's Allergies Food/Environmental _____

Does your allergy require an epi pen? _____

Current Prescribed Medication _____

Child's special medical needs and conditions _____

RELEASING OF STUDENTS:

Regular pick-up person _____ Relationship _____

Regular pick-up person's Phone numbers _____

My child MAY be released to the following individuals:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

My child MAY NOT be released to the following individuals:

Name _____ Relationship _____

I AUTHORIZE EMERGENCY MEDICAL CARE FOR MY CHILD _____

SIGNATURE OF PARENT/GUARDIAN Date