



NAILS CREEK PRESCHOOL

A MINISTRY OF NAILS CREEK BAPTIST CHURCH

Registration Form

In order to complete the application process,
please return the completed forms and the
\$100.00 non-refundable registration fee to:

Nails Creek Preschool
2743 Highway 51 North * Homer, GA 30547

Personal Information

Child's Full Name: _____ Sex: ___M___F

Child's Preferred Name (if different): _____

Child's Birth: ____/____/____

Father's Name: _____

Home Address: _____

Home Phone: (____)____-____ Cell: (____)____-____

Email Address: _____

Occupation: _____ Work Phone: (____)____-____

Mother's Name: _____

Home Address (if different): _____

Home Phone: (____)____-____ Cell: (____)____-____

Email Address: _____

Occupation: _____ Work Phone: (____)____-____

If divorced, who has legal custody? _____

A copy of proper legal documentation will need to be provided to the school.

Do you currently attend church? Yes or No. If so, what church? _____

Siblings:

Name: _____ Sex: _____

Age: _____ School: _____

Name: _____ Sex: _____

Age: _____ School: _____

Name: _____ Sex: _____

Age: _____ School: _____

Name: _____ Sex: _____

Age: _____ School: _____

Name: _____ Sex: _____

Age: _____ School: _____

Emergency Contacts

Please list a minimum of 2 contacts, other than parents, to contact in case of emergency:

1. Name: _____ Relation: _____

Phone: (____) _____ - _____ Permission to pick up child: ____ Yes ____ No

2. Name: _____ Relation: _____

Phone: (____) _____ - _____ Permission to pick up child: ____ Yes ____ No

3. Name: _____ Relation: _____

Phone: (____) _____ - _____ Permission to pick up child: ____ Yes ____ No

Other person(s) authorized to pick up child:

1. Name: _____ Relation: _____

Phone: (____) _____ - _____

2. Name: _____ Relation: _____

Phone: (____) _____ - _____

Person(s) NOT authorized to pick up child:

1. Name: _____ Relation: _____

2. Name: _____ Relation: _____

**Note: Any person unfamiliar to us will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN permission from the parent.*

Health Information

Your child **must be** up-to-date on immunizations and his/her immunization record **must be** on file with the school before school begins. You can get this at the health department or your child's doctor.

If not up to date, please explain:

Does your child have any known special medical conditions? _____ Yes _____ No

Does your child have any known allergies? _____ Yes _____ No
If yes, please list allergies and reactions below:

Does your child take any medication on a regular basis? _____ Yes _____ No
If yes, please list the name of the medication(s):

Does your child have any speech, hearing or visual problems? _____ Yes _____ No

Please comment on any other medical information/special need the school should be aware of:

Emergency Care Authorization

I authorize Nails Creek Preschool to use the products authorized below as deemed necessary by staff for the comfort and well-being of my child.

____ Yes ____ No I authorize use of typical first aid supplies including but not limited to: antibiotic ointment, anti-bacterial spray, cortisone cream, sunburn treatments, bandages, and liquid bandages.

____ Yes ____ No I authorize use of preventative supplies, such as sun block, bug repellent, hand lotion, etc.

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness, accident, or injury, I authorize Nails Creek Preschool to obtain whatever treatment deemed necessary. I understand this may include transport to the hospital.

child's full name (please print)

parent/guardian name (please print)

parent/guardian signature

____/____/_____
date

Photo Authorization

Photographs and videos may be taken during special occasions as well as in the normal course of the school day. We use these pictures/videos for teaching, sharing information about the day, crafts, albums, class books, presentations, etc.

Please mark the appropriate box(s):

- I give permission to Nails Creek Preschool to take photographs/videos of my child(ren) during school events and activities.

In Addition:

- I give permission for my child(ren)'s photos/videos to be posted on the Nails Creek Preschool website.
- I give permission for my child(ren)'s photo to be used on printed marketing materials (pamphlets, flyers, etc.)
- I give permission for my child(ren)'s photos to appear in local newspapers.

OR

- I do NOT want any photos/videos taken of my child.

child's full name (please print)

parent/guardian name (please print)

parent/guardian signature

____/____/____
date

School State Exemption Form

I understand that Nails Creek Preschool is not licensed through the state of Georgia.
Nails Creek Preschool has liability insurance through Nails Creek Baptist Church.

child's full name (please print)

parent/guardian name (please print)

parent/guardian signature

____/____/____
date

Nails Creek Baptist Church

Nails Creek Preschool Liability Release Form

In consideration for being accepted by Nails Creek Baptist Church for participation in the Nails Creek Preschool program, you release Nails Creek Baptist Church and its staff as well as Nails Creek Preschool and its directors/teachers of any liability against personal losses of named child. I have legal custody of the student named below, a minor, and have given consent for him/her to participate in the Nails Creek Preschool program and its events. I hereby release Nails Creek Baptist Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement in the Nails Creek Preschool program. In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Nails Creek Baptist Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

child's full name (please print)

I have read, understood, and agree to the above liability release statement for the Nails Creek Preschool program at Nails Creek Baptist Church and agree to adhere to its policies and procedures.

mother's signature

____/____/____
date

father's signature

____/____/____
date

Nails Creek Preschool 2024-2025

- Monday – Thursday
- 7:45 am – 11:45 am
 - drop-off begins at 7:45 am
 - pick-up begins at 11:45 am
- 4 & 5 year old program
 - child must be 4 years old by September 30, 2024
- 3 year old program
 - child must be 3 years old to attend
 - child may start anytime in the school year as availability allows
 - child must be potty-trained to attend
- \$100 non-refundable registration fee (due at the time of registration)
- Tuition: \$1,750.00 per year. Tuition is prorated over 10 months. Payment of \$175.00 per month is due by the 5th of each month.
 - includes: all school supplies and snacks
 - discount given for multiple children
 - tuition is payable monthly regardless of attendance
- Will follow the Banks County school calendar with the exception of beginning and ending dates or unless notified otherwise.
- 1st day of Preschool – August 12, 2024

Contact us:

Nails Creek Preschool
2743 Highway 51 North
Homer, GA 30547

706-677-3092

nailscreekpreschool@gmail.com

nailscreekpreschool.com