

# First Kids

A Preschool and Mother's Morning Out Program of First Baptist Church of Centerville  
108 Church Street  
Centerville, Georgia 31028  
478-953-3387

Date of Application: \_\_\_\_\_

(Please verify which days you will be attending)

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Preschool: 6 mos. - 1 year old (2 days a week)

Days Attending: \_\_\_\_\_ Tues. & Thurs. Only

MMO: 1 -3 years old (2 days a week)

Days attending: \_\_\_\_\_ Mon. & Wed. Only

Preschool 2 - 3 year old: \_\_\_\_\_ (4 days a week)

Pre K program: \_\_\_\_\_ (4 days a week)

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## Contact Numbers:

Home: \_\_\_\_\_

Mom work: \_\_\_\_\_ Dad work: \_\_\_\_\_

Mom cell: \_\_\_\_\_ Dad cell: \_\_\_\_\_

Email: \_\_\_\_\_

## School Session 2016-2017



Tuesday & Thursday Preschool  
For ages 6 months to 1 year old

Monday – Thursday Preschool  
For ages 2 to 4 years of age

Mondays & Wednesdays MMO  
For 1 - 3 years old

In accordance with Georgia Law, your child or children can be released only to one of the designated persons listed below. To release the child to someone other than those listed below; First Kids must be provided with written notification.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical Information:

Allergies: \_\_\_\_\_

Child's physician: \_\_\_\_\_ Phone number: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Other information relevant to your child's care: \_\_\_\_\_

\_\_\_\_\_

Does your family attend church? \_\_\_\_\_ Church attending \_\_\_\_\_

Would you be interested in more information about the ministries at FBCC? \_\_\_\_\_

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*These commandments that I give you today are to be upon your hearts. Impress them on your children. Talk about them when you sit at home and when you walk along the road, when you lie down and when you get up. Deuteronomy 6:6-7*