



# Trinity Baptist Preschool

Martinez Campus 4594 Columbia Road Martinez, GA 30907

Grovetown Campus 830 Louisville Road Grovetown, GA 30813

Ministry of Trinity Baptist Ministries [www.trinityga.church](http://www.trinityga.church) (706) 863-1222

MARTINEZ CAMPUS 4-DAY 2023-2024

GROVETOWN CAMPUS 4-DAY 2023-2024

Any false information included in this application will be grounds for application denial.

Student Information	Mailing Address	Physical Address (if different)
First Name:	Street Address:	Street Address:
Middle:	Address 2:	Address 2:
Last Name:	City:	City:
Gender: ___ Male ___ Female	State/Zip:	State/Zip:
Date of Birth: ___/___/___	Age on September 1, 2023: _____	K2 _____ K3 _____ K4 _____

Students must reach the required age by September 1st of the school year.

## Parent/Guardian Information

Relationship	Mother/Guardian	Father/Guardian
First Name:		
Last Name:		
Primary Phone:		
Secondary Phone:		
Email Address:		
Is this person authorized to:	Pick up student: Yes No	Pickup student: Yes No
The parents of this student are: Married Divorce	Who has legal custody?	
<input type="checkbox"/> One-time tuition payment of \$2,220 <input type="checkbox"/> 10 \$222 monthly payments, August 5th-May 5th, paid to FACTS Management by debit/credit card or bank draft for a \$50 annual fee. *Identify one individual below, name and email address, with financial responsibility for FACTS Management.  Name: _____ Email Address: _____		

## Student Medical Information

Allergies and other medical notes:
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## Emergency Contact Information

*In an emergency, we attempt to contact the parents/legal guardians listed previously in this application. If staff cannot reach the parents/legal guardians, please list other emergency contacts in order of call preference.*

	1	2	3
First Name:			
Last Name:			
Child Relationship:			
Primary Phone:			
Secondary Phone:			
Is this person authorized to pick up the student?	____ Yes ____ No	____ Yes ____ No	____ Yes ____ No
In an emergency where staff cannot reach a family member or authorized contact, may we contact your family physician/pediatrician? ____ Yes ____ No Physician Name: _____ Phone: _____			

Trinity Baptist Preschool and Mother's Day Out is a non-licensed facility and is not required to be licensed by Georgia. Georgia Department of Early Care and Learning (404)657-5562, [www.decal.ga.gov](http://www.decal.ga.gov).

## Publication Permission

_____ Initial	____ Yes ____ No	I consent to use my child's pictures in school brochures, websites, or other promotional publications.
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Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

## Required Documents Must Accompany Application

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> GA Immunization Certificate Form 3231 <input type="checkbox"/> Affidavit of Religious Objection to Immunization Form 2208	<input type="checkbox"/> GA Certificate of Vision, Hearing, Dental, and Nutrition Screening Form 3300 K4 Students ONLY
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