

FBC Lewisburg Parent's Day Out

Registration Information

Program Schedule & Calendar

- Operating Days: Tuesday and Thursday
- Drop-off Time: 8:00 AM
- Pick-up Time: 2:00 PM
- School Calendar: Our program follows the Marshall County School District calendar for all holidays, seasonal breaks, and inclement weather closures.

Ages & Eligibility

- Ages Served: 3 Months through 5 Years.
- Potty Training Policy: Children entering the 4 and 5-year-old classes must be fully potty trained by August to be eligible for enrollment.

Tuition and Fees

- **Registration Fee \$100.00**
 - This fee is due at the time of registration to secure your child's spot. Please note that this fee is non-refundable.
- **Supply Fee \$100.00**
 - This fee is due on the first day of school to cover classroom materials, crafts, and educational supplies for the year.
- **Monthly Tuition Rates**
 - Tuition is billed monthly and is due by the 15th of each month (Aug-May). Please note that payments received after the 15th may be subject to a late fee.
 - Under 2-Year-Old Class: \$200.00 per month
 - 2–3 Year Old Class: \$180.00 per month
 - 4–5 Year Old Class: \$180.00 per month

Other Information

- Parents are responsible for providing a lunch and snack for their child, as well as a nap mat for rest time (over 2 years old)
- More information will be provided in the Parent Handbook at Orientation/Meet the Teacher

FBC Lewisburg Parent's Day Out

Registration Form | 2026–2027 School Year

I. STUDENT INFORMATION

Full Name: _____

Preferred Name: _____ Date of Birth: ____ / ____ / ____

Age (as of Aug 1st): _____ Gender: [] M [] F

Home Address: _____

II. FAMILY CONTACTS

Mother/Guardian Name: _____ Phone: _____

Email Address: _____

Father/Guardian Name: _____ Phone: _____

Email Address: _____

III. MEDICAL & SAFETY

Allergies (Food/Meds): _____

Medical Conditions/Medications: _____

Physician Name: _____ Phone: _____

Emergency Contact (If parents unreachable):

Name: _____ Relation: _____ Phone: _____

IV. AUTHORIZED PICK-UP LIST

The child will ONLY be released to the individuals listed below:

1. Name: _____ Relation: _____ Phone: _____

2. Name: _____ Relation: _____ Phone: _____

FBC Lewisburg Parent's Day Out

V. RELEASES & PERMISSIONS

- **Medical Release:** I authorize FBC Lewisburg to seek emergency medical treatment for my child if I cannot be reached. **Initials:** _____
 - **Photo Release:** I allow photos of my child to be used for church-related updates (e.g., newsletters, private class apps). **Initials:** _____
 - **Liability:** I release FBC Lewisburg and its staff from any liability for injuries occurring during program hours. **Initials:** _____
-

VI. ADMINISTRATIVE (OFFICE USE)

Registration Fee: \$ _____ [] Cash [] Check # _____ **Date:** ____ / ____ / ____
Assigned Class: _____ **Start Date:** ____ / ____ / ____

Parent Signature: _____ **Date:** _____