



2025-2026 REGISTRATION PACKET
DIRECTOR: AMANDA JACOBS
ASSISTANT DIRECTOR: PAM SHAVER

Leanne Vanderveen
Mindi Jacobs
Danielle Clark
Jennifer Daniels
Hattie Rogers
Amanda Bullock

Kindergarten
Pre-Kindergarten
3-year-olds
3-year-olds
2-year-olds
2-year-olds

All our teachers and staff are certified in CPR and AED

School Hours/Tuition

Kindergarten 9:00am – 2:00pm, must be 5 by September 1st- \$285 a month
Pre-K 9:00am-2:00pm, must be 4 by September 1st- \$285 a month
3 years olds 9:00-12pm, must be 3 by September 1st- \$225 a month
****Must be potty trained for the 3-year-old class, no pullups allowed****
2 Years Old 9:00am-12pm, must be 2 by September 1st- \$225 a month

Before and After School: We have before-school and after-school care available for all age groups for \$2 per hour. The fees must be paid directly to the teacher in charge of the Before/After School Care. It is not part of your tuition; it is an optional service we offer to our parents.

- Mindi Jacobs- Before school teacher- 7 am to 9am.
- Danielle Clark- After school teacher- 12pm-3pm.

No breakfast or lunch is provided, please send in one for these programs.

First School Offers the following tuition discounts:

5% Tuition paid yearly
10% Ministers Discount
10% Military Discount (Military ID required)
Sibling Discount (10% 2nd child, 15% 3rd child)

* **Non-Refundable Supply Fee of \$225** is required at registration to reserve your child's spot. The Supply Fee covers the cost of all your child's supplies including curriculum, supplies, and a special memory book that will be cherished when your child completes the school year.

How to enroll- Contact Amanda Jacobs at 912-427-4239, email firstschoolfirstbaptist@gmail.com, drop by the church's office, or school to pick up a registration packet. You will need to turn in your registration packet and immunization. We will add you to the Brightwheel app and once you pay your supply fee, you will have a spot. First come first serve.

***** Enrollment is not complete until Registration Papers, Immunization Record and Supply Fee are received. *****

We do have a notary on staff with First Baptist Church and First School

In school enrollment is January 9th- until full
We will hold spots for our current students and siblings until February 10th, after this no spots will be held
Public enrollment is February 18th-until full
First come, first serve

**First School
Tuition Agreement**

First School is a non-profit preschool and ministry of First Baptist Church. Our yearly budget is determined by the yearly tuition of each student. The preschool program for this year has been carefully planned for August through May. Tuition has been broken down into 10 monthly payments this year. Each family is required to have a Brightwheel account and parents are required to enroll in auto draft. Statements will be sent out around the 27th of each month and tuition payment will be automatically deducted from your account on the first day of the month.

Late fee (paid after the 1st) \$25.00

Payment failure fee each time: \$50.00

If payment is not received on the 2nd of the month, your child cannot come to school until payment is received.

If you have a second payment failure, your child will not be able to come until payment is received and cleared the bank on our end, which usually takes 4 business days. Regarding the third payment failure, we have a right to take away the option of monthly payments and you must pay the rest of the school year in full.

We do not take cash or check. All payment to First School is made on Brightwheel. It is your responsibility to make payments in a timely manner. It is also your responsibility to remember that payments are due on the 1st of each month.

Child's Name

Parent Signature

Date

OFFICE USE ONLY: Registration Form _____ Immunization Record _____ Supply fee _____

First School Registration 2025-2026

Discounts: Sibling _____ Military _____ Minister _____ Yearly Tuition paid _____

Child's Name _____ DOB _____ Gender _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Class Entering (select one): 2's _____ 3's _____ Pre-K _____ Kindergarten _____

Teacher Request: _____ *(We do our best to honor requests, however, this does not guarantee your child will be placed in the class requested)*

Child lives with: Mother _____, Father _____, Both _____, Other _____

Father's Name _____ DOB _____

Email _____ Cell # _____

Place of Employment _____ Work # _____

Mother's Name _____ DOB _____

Email _____ Cell # _____

Place of Employment _____ Work # _____

My child has attended a pre-school /daycare center previously: If yes, where _____

Years attended _____

Besides Mother/Father, my child may be released at any time to the following adults:

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Please list any brothers or sisters and their date of birth.

Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

What special interest has your child had from an early age that has shown consistently through what he/she talks about? (Examples: interest in mechanical objects, trains, ideas, sports, etc.) What are his/her most cherished toys or possessions?

How does your child react when upset or concerned? What helps to reassure your child?

What do you feel are the most difficult emotional adjustments your child has had to make so far in his/her life?

Does your child have any special circumstances we should know about?

How would you describe your child's behavior with a group of 6+ children? Has your child ever been asked to leave a center before?

How does your child deal with transition time?

Has your child been in or evaluated for the PIP or Babies Cannot Wait program? Does your child have an IEP from another school? If so, please attach paperwork. Private schools are not required to follow it by law, but we will use it as a guideline.

*** Please note that we are a small private Christian school. We do not have all the resources that public school does when it comes to certain health issues or problems your child may have. We reserve the right to turn away any child to which our teachers cannot provide an excellent education to. ***

Compared with his/her brothers, sisters, and other children, how is your child developing (walking, talking, playing, etc.) for his/her age?

Early _____ Late _____ About right _____

Does your child have any special health problems? If your child has a problem, you do not see listed, please list it in the area designated for other.

_____ Asthma	_____ Physical Handicap	_____ ADHD
_____ Hay Fever	_____ Mental Handicap	_____ Anxiety
_____ Frequent Bedwetting Now	_____ Hearing Impairment	_____ OCD
_____ Allergies	_____ Vision Impairment	_____ Dairy
_____ Sickle Cell Anemia	_____ Behavior Disorder	_____ Other

Dr. Note is required for all food/health related allergies

Specify: _____

*** Please note that we are a small private Christian school. We do not have a nurse on staff, and we will use our best judgement and may call you to come pick up your child if he/she starts showing signs of not feeling well. We do not have all the resources that public school does when it comes to certain health issues or problems your child may have. We reserve the right to turn away any child to which our teachers cannot provide an excellent education to. ***

Has your child had any serious accidents, illness, or surgeries? Yes (list below) _____ No _____

ACCIDENT OR ILLNESS RELEASE

Should my child, _____ become ill during the time he/she is in the care of **FIRST SCHOOL** staff, or if he/she should suffer an accident of any nature, the staff shall contact me immediately. I authorize any staff member of **FIRST SCHOOL** to provide medical attention and care for my child as may be necessary. I also relieve **FIRST SCHOOL** of any liability.

Notary

Signature of Parent or Guardian

Date

Date

Seal

Medical Information

Insurance Provider

Policy Number

Emergency Contact

Relationship

Phone Number

Alternate Phone Number

Family Physician

Phone Number

Specialist

Phone Number

Notary

Date

Seal

MEDIA RELEASE FORM

I, the undersigned, do hereby grant or deny permission to **FIRST SCHOOL/FIRST BAPTIST CHURCH OF JESUP, INC.**, to use the image of my child, _____, as marked by my selection below. Please understand that the child's last name will not be used with any of images.

Please initial those you agree too:

- _____ I grant permission for my child's image to be used in print, video, and digital media.
 - _____ I grant permission for my child's image to be used on First School Facebook page
 - _____ I grant permission for my child's image to be used on First Baptist Church website
 - _____ I grant permission for my child's image to be used on First Baptist Church Facebook page.
- _____ I deny permission to use my child's image on any of the above media

Parent/Guardian Signature

Date