

You may register you child for preschool or Mother's Day Out online at [www.fbcderridder.org](http://www.fbcderridder.org) or in person.

**First Baptist Mother's Day Out  
Fall Semester Registration Form  
\$40.00 Registration Fee (non-refundable)**

**Check One**

- 2 days Monday and Wednesday, 9:00 a.m. – 2:00 p.m.  
**Tuition \$130.00 per month.....Supply Fee \$30.00 (one time charge)**
- 2 days Tuesday and Thursday, 9:00 a.m. – 2:00 p.m.  
**Tuition \$130.00 per month.....Supply Fee \$30.00 (one time charge)**
- 1 day, Tuesday 9:00 a.m. – 2:00p.m.  
**Tuition \$70.00 per month.....Supply Fee \$15.00 (one time charge)**

Child's First Name \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called \_\_\_\_\_

Address (Street) \_\_\_\_\_ City: \_\_\_\_\_ (Zip) \_\_\_\_\_

911 address (if different) \_\_\_\_\_ City: \_\_\_\_\_ (Zip) \_\_\_\_\_

Date of Birth (M/D/Y) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F

**Primary Parent/Guardian:** First Name \_\_\_\_\_ Last \_\_\_\_\_

Mailing address: Street \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Ph (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Ph (\_\_\_\_) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Ph (\_\_\_\_) \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  
 custodial Parent

**Other Parent/Guardian:** First Name \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing address( Street, City) \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Ph: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Cell Ph: (\_\_\_\_) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Ph. (\_\_\_\_) \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  
 Custodial Parent (if married, mark both parents)

**Emergency Contact Form**

**Check if authorized to pick-up child**

[ ] Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

[ ] Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_

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

**Other Information**

List siblings where the child lives:

Names & Ages: \_\_\_\_\_

Church Affiliation (present membership location) \_\_\_\_\_

Do you attend church regularly now? \_\_\_\_\_

School child last attended: \_\_\_\_\_

---

The following must be enclosed with this application:

1. \$40.00 Registration Fee
2. Copy of Immunization record
3. Copy of Birth Certificate

Comments:

---

(Office use only)

[ ] Registration Deposit, Date received \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_

[ ] Birth Certificate [ ] Immunization record

[ ] Permission slip for pictures [ ] Field trip permission slip