

**First Baptist Weekday Preschool
Registration Form
\$60.00 Registration Fee (non-refundable)**

Check One

- 5-Day 4 and 5 year old program, 9 a.m. – 12 p.m.
Tuition: \$150.00 per month.....Curriculum Fee \$60.00 (one time charge)
- 3-Day 4 and 5 year old program, 9 a.m. – 12p.m.
Tuition: \$98.00 per month.....Curriculum Fee \$60.00 (one time charge)
- 3-Day 3 year old program, 9 a.m. – 12 p.m.
Tuition: \$98.00 per month,.....Supply Fee \$ 40.00 (one time charge)
- 2-Day 3 year old program, 9 a.m. – 12 p.m.
Tuition: \$ 65.00 per month.....Supply Fee \$25.00 (one time charge)

ALL CHILDREN MUST BE POTTY TRAINED

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:

\$60.00 Registration Fee

Copy of Immunization record

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 [] Skating permission slip