

First Baptist Church Preschool Registration Form 2010-2011

Name of Child: First _____ Middle _____ Last _____ Goes By _____

Date of Birth _____ Age on August 31 (of this year) _____

Street Address _____ City, Zip _____

Home Telephone _____ Primary E-mail _____

Father's Name _____ Mother's Name _____

Father's Employment _____ Mother's Employment _____

Father's Business Phone _____ Mother's Business Phone _____

Father's Cell Phone _____ Mother's Cell Phone _____

In case of emergency and parents cannot be reached, contact (give name, phone numbers, relation to child) _____

Are both parents living in the home? _____ If not, with whom does the child live? _____

List names & ages of siblings _____

Child's Doctor _____ Child's Dentist _____

Hospital preference _____

Known allergies _____

Has your child had previous experience in preschool? _____

Share any information about your child which may be helpful in their experience in group learning _____

What experience do you want your child to gain from preschool? _____

Does your family attend church? _____ Would you like information about First Baptist Church? _____

The following people are allowed to pick up my child from Preschool without my written permission. All others will need written permission and proof of identification. List names and relationship to child _____

The following people **MAY NOT** pick up my child from Preschool, per court orders. Court orders must accompany this form. List name and relationship to child _____

Class Choice – please check one:

_____ **2 year old Tuesday, Wednesday, Thursday - 9:00 a.m.-1:00 p.m.**

_____ **3 year old Tuesday, Wednesday, Thursday - 9:00 a.m.-1:00 p.m.**

_____ **4 year old Monday, Tuesday, Wednesday, Thursday - 9:00 a.m.-1:00 p.m.**

_____ **Transitional Kindergarten Monday, Tuesday, Wednesday, Thursday - 9:00 a.m.-1:00 p.m.**

Parent Signature _____ Date _____

[] Yes [] No I am interested in contributing to the Scholarship Program of the Weekday Preschool each month. Please circle one: \$5 \$10 \$_____ other.