

## FBC Weekday Preschool Registration Form 2021/2022

Name of Child First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Goes By \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age on August 31 (of this year) \_\_\_\_\_ Sex \_\_\_\_\_

Street Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Name of Development \_\_\_\_\_

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 an 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 \_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_

Has your child had previous experience in preschool? \_\_\_\_\_

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

**Class Choice- please check one:**

\_\_\_\_\_ 3 days a week Tuesday, Wednesday, Thursday (9:00am-1:00pm) - \$190.00 per month

\_\_\_\_\_ 4 days a week Monday, Tuesday, Wednesday, Thursday (9:00am-1:00pm)- \$220.00 per month

\_\_\_\_\_ Transitional Kindergarten Monday, Tuesday, Wednesday, Thursday (9:00am-1:00pm)- \$235.00 per month

*TK CLASS GUIDELINES: Must be 5 years old by January 31, 2021.*

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Yes  No I am interested in contributing to the Scholarship Program of the Weekday Preschool each month.

Circle one: \$5 \$10 \$\_\_\_\_\_ other

**\$100 Registration Fee due with Registration Form.**

Make checks payable to *First Baptist Church Weekday Preschool*

**Please mail or drop off forms with registration payment.**

FBC Weekday Preschool

109 Morrow Ave

Monroe, NC 28112

A health assessment and physical exam form must be completed and returned by October 15<sup>th</sup>  
All state of NC required immunizations should be up to date and a copy attached to the health  
assessment form. If the form is not turned in by October 15<sup>th</sup>, your child will not be allowed  
to attend preschool until the paperwork is completed. The only exemption from  
immunizations we will accept will be for medical reasons. An exemption form will need to be  
signed and completed by your pediatrician.