



Pre-Kindergarten Registration Form for 2017-2018

Child's Name: _____

Present Age: _____ Date of Birth: _____

Home Address: _____

City: _____ State _____ Zip Code _____

E-mail Address: _____ Use Texting: Y or N

Father's Name: _____ Church Member: Y or N Church's Name: _____

Occupation/Employer: _____ Cell #: _____ Work # _____

Mother's Name: _____ Church Member: Y or N Church's Name: _____

Occupation/Employer: _____ Cell#: _____ Work #: _____

Names & Ages of Sibling/s of Student: _____

Emergency Contact/s: (If parents can't be reached)

1. Name: _____ Phone/s: _____

2. Name: _____ Phone/s: _____

I give permission for emergency treatment at Wills Memorial Hospital Emergency Room, if needed. Y or N

Medical conditions, allergies, or diet restrictions: _____

Designated people to pick-up child: _____

...IMPORTANT INFORMATION...

- A non-refundable \$60 "Registration Fee" made payable to FBC is due when registering.
- Tuition is \$150 per month & paid in advance. *First payment is due by July 10th.
- Bus transportation is available to local daycares for a monthly fee of \$50.
- A student must be 3 or 4 years old by September 1 & potty-trained to enroll.
- Immunization Record must be up-to-date by first day of school.

Parent's Signature: _____ Date: _____

***FOR STAFF USE ONLY** Date/Time Received: _____ / _____ Staff Member's Name: _____