



**Pre-Kindergarten Registration Form for 2018-2019**

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 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: Circle Yes or No.

Medical conditions, allergies, or diet restrictions: \_\_\_\_\_

Designated people to pick-up child: \_\_\_\_\_

**\*The following is due by Friday, March 9, 2018:**  
• Completed Registration Form  
• Non-refundable \$60 Registration Fee made payable to FBC Pre-K  
• Current copy of Immunization Record Form #3231  
**Thanks!**  
**Mailing Address: FBC Washington...PO Box 603...Washington, GA 30673**  
**Office Hours: 8:30 – 4:30 Phone: 706-678-2912**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\*FOR STAFF USE ONLY...Date Received: \_\_\_\_\_ Staff Member's Name: \_\_\_\_\_