



Pre-Kindergarten Registration Form for 2019-2020

Child's Name: _____

Present Age: _____ Date of Birth: _____

Home Address: _____

City: _____ State _____ Zip Code _____

E-mail Address: _____

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: _____

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 upon registration:
• Completed Registration Form
• Non-refundable \$75 Registration Fee made payable to FBC Pre-K
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: _____