



**Pre-Kindergarten Registration Form for 2020-2021**

Child's Name: \_\_\_\_\_

Present Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Potty-Trained: Yes or No

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Church Member: Yes or No Church's Name: \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work # \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Church Member: Yes or No 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: 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: Monday-Thursday 8:30-4:30 & Fridays 8:30-1:00 Phone: 706-678-2912

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

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

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