



Pre-Kindergarten Registration Form for 2021-22

Child's Name: _____ (Fee paid by: Check # _____ or Cash)

Present Age: _____ Date of Birth: _____ Writing: Right-Handed or Left-Handed

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: _____

Note: To register, a student must be 3 years old by September 1 and potty-trained.

***The following is due upon registration:**

- Completed Registration Form
- \$100 Registration Fee made payable to FBC Pre-K.
This fee will not be refunded after July 1.

Thanks!

Mailing Address: FBC Washington...PO Box 603...Washington, GA 30673

Office Hours: Monday-Thursday 8:30 a.m. – 4:30 p.m. & Closed on Fridays Phone: 706-678-2912

Parent's Signature: _____ Date: _____

Notes: _____

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