



First Baptist Weekday Preschool
Over 30 years of loving, learning, and growing

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|------------------|----------------------------------|
| Office Use Only: | |
| _____ | Enrollment Application Complete |
| _____ | Registration Fee |
| _____ | _____cash_____check# |
| _____ | Vaccination Record |
| _____ | Direct Withdrawal form complete |
| _____ | Wait List |
| _____ | Placed in a class/ date notified |

Enrollment Application (*application must be accompanied by registration fee*) Date of Birth: _____

Child's Name: _____ Name Used: _____
(Last) (First) (Middle)

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Email most often checked: _____

Father's Name: _____ Employer: _____
Work Phone: _____ Cell: _____

Mother's Name: _____ Employer: _____
Work Phone: _____ Cell: _____

Siblings Names and Ages: _____

Who may we thank for referring you to FBP? _____

Do you attend church? _____ If so, where? _____

Would you like more information about First Baptist Church and its ministries? _____

Would you like to receive the First Baptist monthly newsletter? _____

Does your child have any special physical or developmental challenges?

Special testing or evaluations? _____

Please list any food or environmental allergies? _____

Please list symptoms and treatment for each _____

(Please attach doctor's notes etc. regarding severe allergies)

Please provide any information that you think would be helpful to our teachers (fears, likes, dislikes, play habits)

What are your goals and expectations for your child this year? _____

Has your child had any previous preschool or group experience? _____

Do you have special talents that you would be willing to share with our children or access to services that would enhance our preschool through fieldtrips or in-school programs? _____

Please attach a copy of your child's vaccination/immunization record to this registration form.

Class Choices:

Please indicate your class choice:

Two Day Programs:

(\$190/mo)

___ T/TH Ones

___ T/TH Twos

Three Day Programs:

(\$250/mo)

___ T/W/TH Ones

___ T/W/TH Twos

___ T/W/TH Threes

___ T/W/TH Fours

Four Day Programs:

(\$275/mo)

___ M/T/W/TH Threes

___ M/T/W/TH Fours

Scholarship

FBP is very proud to be able to offer scholarship assistance for families going through emergency situations. We conduct fundraisers each year to help with this fund but are blessed by the generosity of our more fortunate participants. We would greatly appreciate any amount you can give.

Donation Amount _____

Pick Up Information

Persons Authorized to pick up your child:

Name phone relationship

Name phone relationship

Name phone relationship

Persons NOT authorized to pick up your child:

Name phone relationship

Name phone relationship

Release Statements:

Please read and sign the following form in the spaces allotted, and return with registration forms.

I give my permission for my child's picture and name to be used for information purposes and to promote the understanding of quality childcare. *(mainly for use in our preschool brochure or on our website. We would only use a child's picture with no name attached for safety reasons)* OPTIONAL

Parent/Guardian _____ date _____

I have read the weekday preschool handbook and agree to follow all policies and procedures noted therein.

Parent/Guardian _____ date _____

FBP uses **MEMBERHUB** for most of the communication. I am able and willing to join in an effort to stay informed about classroom and preschool-wide happenings.

Parent/Guardian _____ date _____

I understand that tuition will be collected via electronic funds transfer. I have completed and submitted an electronic funds transfer authorization form to ensure the advance **tuition for September** will be able to be drafted on **August 5th, 2017**. Subsequent tuition payments will be collected one month in advance and will be drafted on **the 5th of each month** (September through April). Delinquent payments are subject to an assessment equal to any bank fees associated with the transaction.

Parent/Guardian _____ date _____

If applicable, I understand that I must have an Allergy Action Plan completed by a physician on file before my child can start school.

Parent/Guardian _____ date _____

I give my permission to allow my child, _____ to attend all walking field trips (Bye Bye buggy for one year olds.) Walking field trips would include but are not limited to any walks we take around the capitol building, to the NC Museum of Natural Sciences, etc. The one's class will always be contained in a "Bye Bye buggy" (stroller that holds 4 or more children) or other strollers.

Parent/Guardian _____ date _____

All emergency cards and a copy of your child's current immunization record must be completed and returned prior to the first day of school. Emergency cards will be available for pick up in May and also on parent night. FBP is an Allergy Aware School. You will be required to have an Allergy Action Plan on file by the first day of school if your child has any food allergies We may ask all parents to limit the foods sent to school to provide the safest environment for all children.

Emergency Information

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____

Hospital Preference _____

List at least three local persons that we may contact if family members listed above cannot be reached in the event of an emergency.

Name _____ Phone # (s) _____

Name _____ Phone # (s) _____

Name _____ Phone # (s) _____

I agree that the Director, or Designee may authorize the physician of his/her choice to provide emergency care in the event that neither parent nor the family physician can be contacted immediately.

Parent/Guardian Signature _____ Date _____