For Office use only:	
Date received	
Received by	-
Cash amt.	
Check amt.	

Zip

FBC Preschool Enrollment Application 2023 - 2024 School Year

Street

A \$75.00 non-refundable registration fee is due at the time of registration. Day(s) you are requesting for enrollment (please circle) Μ TU TH Class you are requesting for enrollment (please circle) Two's Three's Child's name ___ Middle Age as of 8/31/23_____ Birth date _ (please circle) Male or Female Address _____ Town Home phone _____ Marital status of parents _____ Preferred phone number to call during preschool hours E-Mail address Father's name _____ Home phone (if different) _____ Home address (if different) _____ Zip Occupation _____ Employer ______ Business phone _____ Cell phone or pager _____ Mother's name _____ Home phone (if different) _____ Home address (if different) _____ Town

Occupation	
Employer	Business phone
Cell phone or pager	
•••••	
Is your family presently me	embers of a local church, and if so which one?
Medical Attention Perm	nission Form:
	cy, I hereby authorize the personnel of FBC Preschool to seek ment for my child,
	Parent/Guardian Signature
• • • • • • • • • • • • • • • • • • • •	
Please fill out the informa	eschool: Child's Confidential Record ation below so our teachers may have a better understanding of d and your child's individual needs. Thank you.
Siblings who are also enrolled	
Name:	Age
Name:	Age
Name:	Age
•••••	
Group experiences:	
() Center based child-care () Church Sunday School () Other	() Parent's Morning Out/Preschool () Home based child care
•••••	
Name of child's doctor:	
	Address:
Please list any food or envir	conmental allergies your child has, and the reaction: