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

FBC Preschool Enrollment Application 2021 - 2022 School Year

A \$75.00 non-refundable registration fee is due at the time of registration. TU Day(s) you are requesting for enrollment (please circle) Class you are requesting for enrollment (please circle) One's Two's Child's name ___ Middle Nickname Birth date _ Age as of 8/31/21_____ (please circle) Male or Female Address _____ City Home phone Marital status of parents _____ Preferred phone number to call during preschool hours Father's name _____ Home phone (if different) _____ Home address (if different) _____ Occupation _____ Employer ______ Business phone _____ Cell phone or pager _____ Mother's name _____ Home phone (if different) _____ Home address (if different) ____ Zip

Occupation	
Employer	Business phone
Cell phone or pager	
Is your family presently members	of a local church, and if so which one?
Medical Attention Permission	n Form:
	reby authorize the personnel of FBC Preschool to seek for my child,
	Parent/Guardian Signature
Please fill out the information be	ool: Child's Confidential Record elow so our teachers may have a better understanding of our child's individual needs. Thank you.
•••••	
Siblings who are also enrolled at FBC	Preschool:
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:	
Office number: A	ddress:
Please list any food or environmen	ntal allergies your child has, and the reaction: