

First Baptist Preschool

Please fill out and return to our office
2600 Rouse Road, Kinston, N.C. 28504
Phone: 252-527-2766
preschool@kinstonfbc.org

2017-18 Registration Form

Child's Information

First: _____ Middle: _____ Last: _____

Gender: ___M___F Birth date: _____ Age as of Aug. 31, 2015 _____

Street Address _____ City _____ Zip _____

Home Phone _____ Name goes by _____

Parents/Guardians

Father's Name _____ Mother's Name _____

Employment _____ Employment _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Are both parents living in the home? _____ If not, with whom does the child live? _____

In case of emergency and parents cannot be reached: contact (give name, phone #'s and relation to child)

1. _____
2. _____

<u>Age as of Aug. 31st</u>	<u>Days requested</u>	<u>Hours: 9 a.m. – 12 p.m.</u>	<u>Max</u>
18 mo. old – 2 days/week	(Mon & Fri):	\$115.00/month _____	(12)
2 year olds – 3 days/week	(Tue/Wed/Thu):	\$125.00/month _____	(12)
2 year olds - 5 days/week	(Mon through Fri):	\$155.00/month _____	(12)
3 year olds – 3 days/week	(Tue/Wed/Thu):	\$125.00/month _____	(8)
3 year olds - 5 days/week	(Mon through Fri):	\$155.00/month _____	(8)
4 year olds – 4 days/week	(Mon through Thurs):	\$140.00/month _____	(8)
4 year olds – 5 days/week	(Mon through Fri):	\$155.00/month _____	(8)

The Registration Fee is \$125 (Non-Refundable)

General/Medical Information

Siblings:

Name _____ Age: _____ Name _____ Age: _____
Name _____ Age: _____ Name _____ Age: _____

Please provide the name(s) of person(s), other than yourself, authorized to pick up your child from preschool:

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

Please tell us about your child:

Does your child have any known allergies; require medications, or an epi-pen?

Does your child have any chronic illnesses or medical conditions? _____

Did you attach your current immunization record? _____ (Required with new application)

Please provide any information, which would be helpful with your child's experience in a group setting. This may include play, eating and sleeping habits, special fears, special likes or dislikes _____

Church you attend? _____

Are you interested in receiving information about the ministries of First Baptist Church? _____

How did you hear about us? _____

Parents Signature _____ **Date** _____