



PRESCHOOL/KINDERGARTEN REGISTRATION

<input type="checkbox"/>	K-3 (T/TH)
<input type="checkbox"/>	K-4 (T/TH)

<input type="checkbox"/>	K-3 (M/W/F)
<input type="checkbox"/>	K-4 (M/W/F)

<input type="checkbox"/>	K-3 (M-F)
<input type="checkbox"/>	K-4 (M-F)
<input type="checkbox"/>	K-5 (M-F)

GENERAL INFORMATION:

Child's First Name _____ Middle Name _____

Last Name _____ Name Used _____

Home Address _____ City _____ Zip _____

Home Phone _____ DOB _____ Sex _____

Subdivision (if applicable) _____

Primary Contact _____ Occupation _____

Business Name _____ Work Phone _____

Cell _____ Text Reminder? Y / N _____ Carrier _____

Email _____

Secondary Contact _____ Occupation _____

Business Name _____ Work Phone _____

Cell _____ Text Reminder? Y / N _____ Carrier _____

Email _____

Names / Ages of Siblings _____

Others Living in Home _____

Previous Preschool / Program Attended _____

Siblings Enrolled in FBC Preschool Weekday Programs (Preschool, Kindergarten, Mother's Day Out)

RELIGIOUS AFFILIATION

Church Membership _____ If None, Preference _____

EMERGENCY INFORMATION

Child's Doctor _____ Phone _____

Hospital Preference _____

In an emergency, persons authorized to act for parents (NOTE: We will always attempt to contact parents first. If unavailable, whom may we call?)

Name	Relationship	Phone
1.		
2.		

HEALTH

Georgia Department of Human Resources Childcare Immunization Certificate
• 3- and 4-year-olds - Form 3231 • K5 - Forms 3231 and 3300

If you have been in our program and we have a certificate current through the school year, it will be automatically transferred. However, if your child's immunization certificate expires before the conclusion of the school year, please provide a valid certificate no later than August 15.

Allergies / Health Problems: _____



By signing this, I understand that the registration payment will not be refunded to me unless we move out of town by July 1 and notify the preschool of this change.

K5 first monthly tuition payment is due June 1. I understand that I am responsible for paying it by then. The 2nd payment will be due September 1.

Signature _____ Date _____

Printed Name _____