

# First Baptist Preschool Registration for 2017-2018

**\*\* Please circle the group, days, and length of day for which you are registering your child.**

Infant	M T W Th F	9 am - 12 noon	9 am - 1 pm
Toddler	M T W Th F	9 am - 12 noon	9 am - 1 pm
Transition	M T W Th F	9 am - 12 noon	9 am - 1 pm
Two	MW TTh F	9 am - 12 noon	9 am - 1 pm
Three	TWTh M-F	9 am - 12 noon	9 am - 1 pm
Four	M-Th M-F		9 am - 1 pm
Pre-K	M-F		9 am - 1 pm

Child's full name \_\_\_\_\_  
First Middle Last

Name called \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender M F

Home address \_\_\_\_\_  
Street City ZIP

Home phone \_\_\_\_\_ Email \_\_\_\_\_

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Phone numbers at which parents can be reached during school hours:

Mother 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Father 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

Child's siblings \_\_\_\_\_  
Name Age Gender Name Age Gender

\_\_\_\_\_

Name Age Gender Name Age Gender

Name of weekday preschool(s) previously attended \_\_\_\_\_

\_\_\_\_\_

Child's allergies \_\_\_\_\_

Church family attends \_\_\_\_\_ Members? Yes No

**-Submit this form with a \$75 registration fee - checks to First Baptist Preschool.  
-I understand that once my child has a place reserved for the 2017-2018 year, the registration fee is non-refundable unless: 1) I withdraw my child before 6.1.17 or 2) our family moves from Greensboro.**

\_\_\_\_\_  
Parent's signature