First Baptist Church Preschool

Please fill out the attached form and return it to me as soon as possible. There will be a 2 year old class (6 students maximum), a 3 year old class (7 students maximum) and a 4&5 year old class (9 students maximum) available. Classes will be held on Tuesday, Wednesday and Thursday from 9-12(half day) or 9-2(full day). Tuition is \$200 a month (\$150/month for each additional child) for half day and \$300/\$250 for full day. Preschool spots are filled on a first come basis. Preschool will start Sept. 2nd 2025.

To hold your spot I must have:

- *Registration form(s) filled out and returned with
- *\$75.00 registration fee per child (non-refundable)
- *Up-to-date Immunization records per child enrolling

Additional yearly fees:

*Building Fee---\$25 yr

*Supply Fee---\$50 yr (\$25 in Sept and \$25 in Jan)

Supplies

*Full size back pack (all students)

*lunch box, fitted crib sheet and small blanket (only those students staying until 2:00)

If you have any questions please feel free to call me. FBC Preschool Director----Missy Williams----(501) 303-8662.

FBC Preschool Registration Forms

OFFICE USE ONLY	
Date of enrollment	
/	

Personal Information:

Child's Name			DOR		
	(circle one) Male Fem				Female
Father's Name	fame Cell #				
Mother's Name		C	ell#		
Parents are (circle one) Address				Separa	ted
					
City, State & Zip Code_ Home Phone					
Email					
Father's Employer			Phone		
Work Hours/Schedule (E	xample: 9	9am-5pm) _			
Work Hours Schedule (E			Phone		
Mother's Employer					
Mother's Employer Work Hours/Schedule (E Emergency Contact Infor	xample: 9	oam-5pm) _ (other than	parents of c	hild)	
Mother's Employer Work Hours/Schedule (E Emergency Contact Infor Name Complete Address	xample: 9	Oam-5pm) _ (other than Relate	parents of clion to child	hild)	
Mother's Employer Work Hours/Schedule (E Emergency Contact Infor Name Complete Address	xample: 9	Oam-5pm) _ (other than Relate	parents of clion to child	hild)	
Mother's Employer	rmation: (student from Relation	Oam-5pm) _ (other than Relate Cell om Prescholionship to continuous descriptions of the continuous descriptions described as a continuous description of the continuous descriptions described as a continuous description of the continuous descriptions described as a continuous description description description description descriptions described as a continuous description	parents of claim to child Phone Ool (other the	hild)	e nts). Phone
Mother's Employer Work Hours/Schedule (E Emergency Contact Information Name Complete Address Home Phone Adult authorized to take in Name 1 2 3	rmation: (student free Relations)	Oam-5pm) _ (other than Relate Cell om Presche ionship to constitution of the	parents of claim to child Phone Ool (other the	hild)	e nts). Phone
Mother's Employer Work Hours/Schedule (E Emergency Contact Informame Complete Address Home Phone Adult authorized to take in Name	mation: (student from Relation	other than Cell om Prescho	parents of cition to child_ Phone ool (other the	hild)	ents). Phone

Developmental Needs:

_	res help in the fo Undressing	_	<u> </u>	le) Washing Hands
ups or diape	ges 3 and 4 MUSers). This is not in toileting	required of 2 y	r. olds.	e to FBC Preschool (no pull-
Favorite gai	mes			· · · · · · · · · · · · · · · · · · ·
Favorite toy	/S			
ravorite foc	ous			
Child's fear	s/dislikes			
Siblings: Na	ame			Age
Na	ame			Age
Na	ame			Age
Name	ame			Age
Na	ame			Age
Other inform	mation that wou	ld be useful in	helping us t	to care for your child:
I, the parent	•	s child, underst	and that I n	nay ask for a conference with
Signed			Da	
Signed			Da	ite

Medical Information:

Physician/Eme	ergency Treat	ment Facility		
Family Physic	ian		Phone	
Family Dentist	ţ		Phone	
Name of Insura	ance Compai	ny		
Policy		G	roup #	
(child's name) First Baptist C to receive med duly licensed c parents cannot	hurch Preschical or surgion recognized be reached.	, so hool or her duly a cal aid as may be left physician or sure Consent is also transport said c	e one) father, mother, guar ereby give my consent to appointed representative, for deemed necessary and ex- region in case of an emerge given for the Director, or hild for emergency medic	the Director of for said child apedient by a ency when the her duly
Signed			Date	
	eeds such as	formula, diabeti	e diet or allergies	
Circle one: ((4 yr olds on	ıly)		
Children must to kindergarter	•		r kindergarten. Will your	child be going
	YES	NO	UNSURE	
Choose one:	На	alf Day (9-12)	Full Day (9-2))
	***Vaur	child's age on A	ug 1, 2025 ***	

First Baptist Church Preschool Handbook Agreement

I,	(parent or guardian) of
	(student) at
First Baptist Churc	Preschool hereby state that I have read
1	arch Preschool Handbook, and I hereby agree to th
terms and condition	• •
	Name
	Date
First Baptist C	hurch Preschool Handbook Agreemen
T	
I,	(parent or guardian) of
First Dontist Church	Sprageheal bareby state that I have read
-	Preschool hereby state that I have read arch Preschool Handbook, and I hereby agree to the
terms and condition	
terms and condition	s set form therein.
	Name
	Date