

For Office use only:

Date received _____

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FBC Preschool Enrollment Application 2026 - 2027 School Year

An \$80.00 non-refundable registration fee is due at the time of registration.

Day(s) you are requesting for enrollment (please circle) M TU W TH

Class you are requesting for enrollment (please circle) Two's Three's Four's

Child's name _____
Last _____ First _____ Middle _____ Preferred Name _____

Birth date _____ Age as of 8/31/26 _____
Mo. Day Year

(please circle) Male or Female

Home phone _____ Marital status of parents _____

Preferred phone number to call during preschool hours

E-Mail address _____

Home address (if different)

⁵ See also the discussion in *Revising the Constitution* (1997).

11. *What is the primary purpose of the following statement?*

Mother's name _____ Home phone (if different) _____

Occupation _____

Employer _____ Business phone _____

Cell phone or pager _____

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Is your family presently members of a local church, and if so which one? _____

Medical Attention Permission Form:

In the event of an emergency, I hereby authorize the personnel of FBC Preschool to seek medical attention and treatment for my child, _____.

_____ Parent/Guardian Signature

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FBC Preschool: Child's Confidential Record

Please fill out the information below so our teachers may have a better understanding of your child and your child's individual needs. Thank you.

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Siblings who are also enrolled at FBC Preschool:

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

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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: _____ Address: _____

Hospital Preference: _____

Please list any food or environmental allergies your child has, and the reaction: _____
