



2020-2021 Application

(Please Print All Information)

A Non-Refundable Registration Fee must accompany the application. For the first child in a family, the Fee is \$100. For any additional child(ren) in the same family, the Fee is \$75.

FOR OFFICE USE ONLY:

Class _____
Date Rec'd _____
Payment Cash Check # _____
Rec'd By _____ Date _____
Tuition \$ _____ Reg Fee \$ _____
Sup Fee \$ _____ Total Pd \$ _____

Date _____ Child's Birthdate _____ Age on August 31, 2020 _____
Child's First Name _____ Child's Last Name _____ Boy Girl
Home Address _____ City/State/Zip _____
Home Phone Number _____ Child Resides with (circle) Mother Father Both Other
Primary Phone Number _____ Primary Email _____
Parents' Marital Status (circle) Married Single Divorced Separated
How did you hear about FBC Weekday Preschool? _____
Church or Religious Affiliation _____
Other Children in the Home (names and ages) _____

CLASS REQUEST (circle)

Age 18mos 2s 3s 4s TK Number of Days Per Week 1 2 3 4 5 Days of the Week M T W Th F

Teacher Preference _____

MOTHER'S INFORMATION

Mother's First Name _____
Mother's Last Name _____
Mother's Employer _____
Mother's Cell # _____
Mother's Work # _____
Mother's Email _____

FATHER'S INFORMATION

Father's First Name _____
Father's Last Name _____
Father's Employer _____
Father's Cell # _____
Father's Work # _____
Father's Email _____

Please list two adults to call in an emergency if the parents cannot be reached:

Name _____ Name _____
Phone _____ Phone _____
Relationship to child _____ Relationship to child _____

Please list additional adults who have permission to pick up your child(ren)

Name _____ Name _____
Name _____ Name _____

MEDICAL/DEVELOPMENTAL INFORMATION

Please list any medical issue(s) we should be aware of (allergies, medications, etc.)

**Additional forms may be required based on type of medical issue(s) listed.

Has your child ever been evaluated or screened for developmental concerns? _____ If yes, please explain: _____

Does your child have an IEP (Individualized Education Plan) or an IFSP (Individualized Family Service Plan)? _____

If yes, please submit a copy of the IEP or IFSP with this application for review by the Director.

PLEASE READ AND INITIAL EACH ITEM BELOW

_____ **Classroom Photographs**

I give permission for my child to be included in individual and/or group photos taken at preschool or on field trips. These photos may be used within the classroom or on crafts, or sent to parents via email or text. Names may or may not be listed with the photos.

_____ **Website/Social Media Photographs**

I give permission for my child to be included in group photos taken at preschool or on field trips. These photos may be used on our website and social media pages. No names will be listed with any photos.

_____ **Rosters**

I give permission for my child's basic information (name, parents' names, telephone number, and email addresses) to be listed on my child's class roster and distributed to our Parent Committee Chair, and the Room Representative for my child's class.

_____ **Field Trips (4s and TK only)**

I give permission for my child to participate in occasional, supervised field trips with his/her class. I understand that I will be informed in advance of the date and destination of each trip.

_____ **Tuition**

I understand that tuition for the month of September is due by June 1, 2020 and is non-refundable. Failure to pay may result in the termination of my child's enrollment. I also understand that monthly tuition paid during the school year is due by the 10th of each month of preschool starting with September's payment which pays for the month of October, and ending with April's payment which pays for the month of May. Once a tuition payment has been made, it is non-refundable.

_____ **Potty Training**

I understand that my child must be completely potty trained to be enrolled in the 3s, 4s and TK classes. Completely potty trained means that the child wears underwear, not diapers or pull-ups, and is able to take care of his/her toileting needs with minimal assistance from a teacher.

_____ **Emergency Care**

I authorize the FBC Weekday Preschool Director or another staff member at FBC Weekday Preschool, or at FBC, to secure transportation for my child to a doctor or hospital should I not be available. I further authorize medically qualified personnel to administer any medical attention deemed necessary in an emergency situation. I agree to be financially responsible for any costs incurred.

I agree to abide by all of the policies of FBC Weekday Preschool and understand that failure to do so may result in my child's dismissal. I further understand that falsification of the information on this form may result in my child's dismissal.

Parent/Guardian Printed Name _____ Relationship to Child _____

Signature _____ Date _____