

**FBCM Preschool Center**  
**2016/2017 Student Registration**  
**Classes begin Tuesday, September 6, 2016 and end Friday, May 26, 2017**  
**Classes meet from 9:15 a.m. to 12:15 p.m.**

Registration remains open until all classes are full. There is a \$100.00 non-refundable registration fee for ALL children. Please make checks payable to "FBCM Preschool Center". Place your child's name at the bottom of the check. We recommend you come in to meet us and take a tour before registering for our preschool program. Visit our website for contact information: [fbcmprek.com](http://fbcmprek.com)

**Your child's Immunization Record and Birth Certificate are due with this registration form.** Your child will be considered enrolled once the \$100.00 registration fee is paid and aforementioned forms are received.

**CHECK ONE:**

**TUITION for 2016/2017**

_____ 2 days (Tuesday/Thursday)	<b>2 and 3 year olds</b>	\$160.00 a month
_____ 3 days (Monday/Wednesday/Friday)	<b>2, 3 and 4/5 year olds</b>	\$200.00 a month
_____ 5 days (Monday through Friday)	<b>4/5 year olds</b>	\$275.00 a month

**Child's Information:**

Full Name: \_\_\_\_\_ Name to be used at school: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ M \_\_\_\_\_ F Allergies? \_\_\_\_\_ No \_\_\_\_\_ Yes: \_\_\_\_\_ (describe)

**Parent Information:**

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell: Mom \_\_\_\_\_ Cell: Dad \_\_\_\_\_

Email: Mom \_\_\_\_\_ Dad \_\_\_\_\_

**Check any that apply:** \_\_\_\_\_ Current student \_\_\_\_\_ Sibling of current student  
 \_\_\_\_\_ New Student \_\_\_\_\_ Church Member \_\_\_\_\_ Family of Church member

- ❖ With whom does your child reside? Both \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_
- ❖ Religious affiliation or location of Church Membership: \_\_\_\_\_
- ❖ What language other than English is spoken in the home?: \_\_\_\_\_
- ❖ Names and ages of siblings: \_\_\_\_\_
- ❖ Has your child had previous preschool or daycare experience? If so, where and for how many hours a day? \_\_\_\_\_
- ❖ Is there further information about your child that you would like to share?  
 \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

OFFICE USE: Age as of 8/31 _____ Check# _____ Amount _____
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