



First Baptist Academy
2018-2019
Preschool Registration Form
www.fbacovington.com

Preschool Hours: 9:00 a.m. to 1:00 p.m.

Needed on first day of school:
 Registration Fee (non-refundable)
 School fee
 Current Immunization #3231
 Eye/Ear/Dental #3300 (Pre-k thru 5th)
 Birth Certificate

Class	Registration	School Fee
Toddlers	\$165	\$85
2's	\$165/\$180	\$85/\$100
3's	\$175	\$90
Pre-k	\$215	\$100

Child's First Name _____ Child's Last Name _____

Name Child uses _____ Age as of August 1, 2018 _____

Birthdate ____/____/____ Male ____ Female ____

Home Address _____

City, State, Zip Code _____

Home Phone _____ Cell _____

E-mail address: _____

Please check Yes ____ or No ____ for permission to include address & phone on class list.
 Please check Yes ____ or No ____ for permission to take photos of your child for possible use
 in advertisements.

Mother's Name _____ Place of Employment _____
 Daytime Phone _____ Cellular Phone _____

Father's Name _____ Place of Employment _____
 Daytime Phone _____ Cellular Phone _____

Custodial Parent(s): ____ Both ____ Father ____ Mother

****When the custody of any child is in question, the FBA must act in accordance with rulings of
 the court. All legal papers pertaining to custody must be on file in our office.**

Is your family currently attending or members of an area church? ____
 If yes, what church? _____

The following person(s) have my permission to pick up my child from preschool. A picture I.D. must be presented. Please be sure to list name below as it shows on the I.D.

<u>Name</u>	<u>Relation</u>	<u>Home Phone</u>	<u>Cell Phone</u>	<u>Work Phone</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Medical Information

Pediatrician: _____ Phone: _____

Any known allergies: _____

Is your child taking any medication on a regular basis? _____ If yes, please specify: _____

Does your child have any health concerns that we should know about? (This may include special diets, prescriptions, or limitations on normal activities.) _____

Emergency Authorization

I hereby give my permission for the staff of the First Baptist Academy and/or any necessary medical personnel to meet the needs of my child in an emergency.

Parent Signature _____ Date _____

Has child had any previous nursery/preschool/daycare experiences? _____ If yes, where and when? _____

Does your child have any siblings? _____ If yes, please give names and ages.

Is there anything that we should be aware of that frightens your child? _____

Is there anything that we should be aware of that comforts your child? _____

Please direct any questions to Julie Harpe or Patty Cates in the FBA office (770)784-7570.

I understand that the policy of the FBA is to make no refunds on registration fees.

Parent Signature _____ Date _____