



Child's shirt size _____
 Amount paid _____
 Check or Cash _____

2025-2026
 FBA Preschool Registration Form

Babies 6-12 months	1 Yr. Class	Young 2 Yr. Class (Birth month March-August)	Old 2 Yr. Class (Birth month Sept- Feb)	3 Yr. Class (3 day)	3 Yr. Class (4 day)	Pre-K 4
M/W Reg. fee \$205	T/Th Reg. fee \$205	M/W Reg. fee \$205	T/W/Th Reg. fee \$220	T/W/Th Reg. fee \$220	M/T/W/Th Reg. fee \$240	M-F Reg. fee \$260
Ch or Cash	Ch or Cash	Check or Cash	Ch or Cash	Ch or Cash	Ch or Cash	Ch or Cash

*Circle the class your child will be entering

Child's Full Name _____ Name child uses _____

Birthdate ____/____/____ Male ____ Female ____ **Age as of September 1 _____**

Parent #1 email _____ Parent #2 email _____

Home address _____ City _____ **Zip** _____

Mother's Name _____ Place of Employment _____

Work Phone _____ Cell _____

Father's Name _____ Place of Employment _____

Work Phone _____ Cell _____

Child resides with: ____ Both Parents ____ Mom ____ Dad ____ Other, please specify whom _____

Marital Status of parents: ____ Single Parent ____ Married Living Together ____ Separated ____ Divorced
 ____ Widow ____ Widower ____ Stepfather ____ Stepmother ____ Grandparent

If there is a separation or divorce in the family, please complete the section below:
 If separated or divorced, with which parent does the child reside _____
 Please describe the custody agreement regarding picking the child up from school:

***Please note that a copy of the custody papers must be on file in student's permanent record.
 This child may NOT be released to the following (due to custody arrangements):**

Medical Information:

Name of Pediatrician _____ Office Phone _____

Any Known Allergies: _____



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

Does your child have any health concerns we should be aware of? _____

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

Does your family have a home church? _____ If so, name of church _____

Would you like some information about the First Baptist Church of Covington? _____

The following person(s) have my permission to pick up my child from preschool or in the event of an emergency and the parent/guardian cannot be reached. A picture I.D. will be required.

Name	Phone/Cell	Relation to child
_____	_____	_____
_____	_____	_____
_____	_____	_____

Media Agreement:

Please check: ___ Yes or ___ No for permission to include address/phone on class list

Please check: ___ Yes or ___ No for permission to use photos of child for use in ads/social media

I understand that it is the policy of FBA to give no refunds or transfer registration fees.

Parent Signature _____ Date ____/____/____

Please note upcoming fees and payments:

- **August-** First month tuition + one time **FACTS service fee** (yearly payment plan \$25 fee, Bi-annually \$30 fee, and monthly payment \$55 fee)
- **September-** Second month tuition + school/curriculum fee (a one-time fee for the year)
- **October through May-** Tuition payment only

While there are several times throughout the year when school is closed, tuition is based on the number of days throughout the entire school year. The monthly tuition option is for the convenience of our families and is NOT based on the number of days per month that your child attends school.

www.fbacovington.com