

CRAB ORCHARD BAPTIST PRESCHOOL – 304-252-3583

REGISTRATION FORM (2019-2020)

Child's Full Name:

Date of birth:

Nickname:

Phone:

Current mailing address:

City:

State:

ZIP Code:

Age:

Sex:

Today's Date:

FAMILY INFORMATION

Father's Name:

Address if different:

Cell phone:

Phone if different:

E-mail:

Do you text?

Employer:

Address:

Phone:

Marital Status:

If separated or divorced, with whom does the child reside?

Mother's Name:

Address if different:

Phone if different:

Employer:

Address:

Phone:

Cell Phone:

Do you text?

E-mail:

WHAT CLASS ARE YOU INTERESTED IN

___ 2/3 year old playgroup (T,W,Th) \$150/mo

___ 3/4 yr. old Middlers (T, W, Th) \$150/mo

___ 4/5 yr. old Pre-K 5 days a week \$180/mo

MEDICAL INFORMATION

Child's Physician:

Phone:

Medical conditions or allergies:

PERSONS AUTHORIZED TO TAKE CHILD FROM SCHOOL

Name

Usually Drives

Phone

ADDITIONAL PERSONS AUTHORIZED TO TAKE CHILD FROM SCHOOL

Name

Usually Drives

Name

Usually Drives

SIGNATURES

I hererby make application to enroll my child _____ in the Crab Orchard Baptist Preschool. I have reviewed the Parent Handbook and agree to the terms, and submit the following information to be recorded and filed for use only in matters concerning the preschool.

I am enclosing the non-refundable \$50.00 registration fee and \$_____ supply fee and acknowledge that the September tuition will be due by August 1, 2019.

Parent's Signature:

Date: