## First Baptist Preschool, LLC 12716 Warwick Blvd. Newport News, VA 23606 Phone: 757-930-0911 Ext 222; fbcnnpreschool.org preschool@fbcnn.org

**STUDENT APPLICATION**

## Please complete form & return with non-refundable Registration Fee ($190)

Child’s Name Nickname Sex Birthdate

Home Address City State Zip

Parent’s/Guardian’s Name *Dr./Mr./Mrs./Ms.* Home Phone Home Address Cell Phone Employer w/ address Phone Occupation Email Address

Parent’s/Guardian’s Name *Dr./Mr./Mrs./Ms.* Home Phone Home Address Cell Phone Employer w/ address \_\_\_\_Phone Occupation Email Address

Marital status of parents: Married [ ] Divorced [ ] Single [ ]
Does your child live with both parents? Yes [ ] No [ ] If no, with whom?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Names and ages of children in family Who besides immediate family, resides in the home? Language(s) spoken in the home?

**PERSONS AUTHORIZED FOR PICK UP**

The following people may pick up my child at First Baptist Preschool and may be called for emergencies or illness:

Name Address Relationship Telephone

1.

2.

3.

4.

Person(s) picking up this child on a regular basis

 \_ Desired date of entry

How did you learn about First Baptist Preschool?

If by personal reference,

Name of person who referred you Relationship:

*Any application received after the class is full will be automatically placed on the wait list*

**FOR OFFICE USE ONLY**

Application Received Birth Certificate #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Fee Received\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Birth Visitation Date Birth Date Date Issued

4 Day \_\_\_\_\_ Received by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General health conditions?

Does your child have any allergies? Yes [ ] No [ ] Specify

Does your child take naps? Yes [ ] No [ ] How long?

Methods of home discipline?

Who disciplines?

What time does your child go to bed at night?

What are your child’s eating habits and likes/dislikes?

How often is your child read aloud to?

What family activities does your child enjoy?

Please describe your child’s present school, child care environment (other children, activities, relatives)

Please describe your child’s personality, characteristics, interests and any special needs.

Why would First Baptist Preschool be a good environment for your child?

What goals do you have for your child while in preschool?

What are your plans for your child for kindergarten?

Is your child on a waiting list at another preschool?

NAME OF CHILD

# EMERGENCY AGREEMENT

It is the policy of First Baptist Preschool to contact parents of a child regarding medical treatment when their child is seriously injured or becomes seriously ill and requires immediate attention by a physician. If we are unable to contact either parent or the emergency contacts provided by you, the following information is necessary:

1. The name of the Child’s physician is
2. The address is
3. The telephone number is

I/We hereby authorize medical treatment for our child if he or she gets seriously injured or becomes seriously ill while at school or on excursions. When deemed necessary by the teacher in charge, we give consent to have our child taken to the nearest hospital or to a hospital designated by emergency personnel or by ambulance personnel. I/We understand that a First Baptist Preschool staff member will remain with the child until the parent or parent’s designee assumes responsibility for the child’s care. I/We will be responsible for any resultant expense.

1. Parent/Guardian Signature Date

Parent/Guardian Printed Name Cell Phone

Address Home Phone

1. Parent/Guardian Signature Date

Parent/Guardian Printed Name Cell Phone

Address Home Phone

Child’s Medical Insurance Carrier

Subscriber’s Name Membership Number

Effective Date Date of Expiration

NAME OF CHILD

I/WE HEREBY AGREE AND CONSENT TO THE FOLLOWING:

# PERMISSION TO PHOTOGRAPH/VIDEOTAPE

I/We hereby give permission to the First Baptist Preschool, including its teachers and staff, and First Baptist Church Newport News to photograph and/or videotape my child during classroom/playground activities, preschool events, and excursions. I/We give permission to FBP and FBCNN to use my child’s photograph/videotape image in their websites, brochures, advertisements, FBP newsletter, etc. I/We give permission for FBP and FBCNN to continue to use my child’s image even after he/she is no longer enrolled at FBP, unless I/we specifically revoke this permission in writing.

# EXCURSION PERMISSION

I/We hereby give permission for my child to attend all excursions during the school year, unless previously excused in writing. I/We understand that a guardian must attend all field trips with my child.

# FINANCIAL AGREEMENT

I/We hereby agree to make tuition payments, monthly and in advance, by the first of each month. I/We agree to pay a $20 late fee if payment is not made by the 8th day of the month. I/We acknowledge and accept that there are no refunds or credits for temporary absences due to personal vacation, school vacations, illness, suspension, dismissal and withdrawal. I/We agree to be financially responsible for the payment of all tuition and late fees, and acknowledge and accept that no exceptions will be made. I/We agree to use acceptable forms of payment including check, money order, or Paypal. If using Paypal, I/We agree to pay a service fee of $5 per transaction.

I’m enrolling my child in the:

2 ½ year old class: \_\_\_\_\_ M-Th ($185/month)

3 year old class: \_\_\_\_\_ M-Th ($185/month)

4 year old class: \_\_\_\_\_ M-Th ($185/month)

 FBP Director Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Effective date 2/1/2019