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|  | **First Baptist Church Pre-K**  **2501 Hwy 70 East**  **Dickson, TN 37055**  **615-446-4640 ext.101** |

**\*\*Registration Packet**

**2024-2025 School Year**

***Please retain this page for your records!***

**WHO**: Children ages 3, 4, or 5 by August 15th of the enrolling year.

**WHAT**: We will provide a safe, Christian, nurturing, and educational experience.

**WHEN**: Monday/Wednesday 9:00am - 1:00pm OR

Tuesday/Thursday 9:00am – 1:00pm

**WHERE**: First Baptist Church

**FEES**: Registration Fee- $35

Classroom Fee- $35

Monthly Tuition- $120

Checks can be made payable to FBC Pre-K

\*\*We MUST have an up-to-date **copy of your child’s shot record**! Feel free to have that faxed to us at 615-375-1235, ATTN TO: Kellie Stockman.

Registration Fee Paid :

Date of Payment:

Received By:

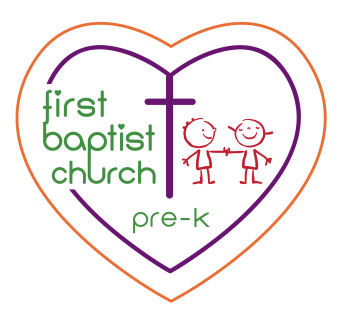
\*\*This section to be filled out by Pre-K staff ONLY

**First Baptist Church Pre-K**

**2501 Hwy 70 East**

**Dickson, TN 37055**

**615-446-4640 ext.101**



**Application for:** Monday/Wednesday Class ***OR*** Tuesday/Thursday Class

3-yr old \_\_\_\_\_\_\_\_\_\_\_\_ 3-yr old \_\_\_\_\_\_\_\_\_\_

4-yr old \_\_\_\_\_\_\_\_\_\_\_\_ 4-yr old \_\_\_\_\_\_\_\_\_\_

5-yr old \_\_\_\_\_\_\_\_\_\_ (T/TH Only)

**\*\*Your child must be fully potty-trained BEFORE starting Pre-K\*\***

**Child’s Full Name**: **Male / Female** (circle one)

**Name Your Child Goes by**:

**Age as of August 15, 2024:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birthdate:**

**Email Address**:

**Parent/Guardian (1)** Name:

Address: Cell: ( ) -

City: State: Zip:

Employer: Work: ( ) -

**Parent/Guardian (2)** Name:

Address: Cell: ( ) -

City: State: Zip:

Employer: Work: ( ) -

**Emergency Contact:** (In the event we are not able to reach a parent…we will call this number)

Name: Phone: ( ) -

Relationship to Child:

**-1-**

**Please list any allergies your child has:**

**Please list any medications your child is taking:**

**Please list those who will be bringing and picking up your child (other than guardians and emergency contacts):**

Name: Phone:

Relationship to Child:

Name: Phone:

Relationship to Child:

Name: Phone:

Relationship to Child:

**PLEASE SPECIFY IF YOUR CHILD IS NOT TO BE PICKED UP BY CERTAIN INDIVIDUALS** (To enforce, we must have a court order and a photo of the individual on file).

**Does your child attend FBC Child Development Center (Daycare)?**

**Where do you worship?**

**I give permission to take my child’s picture: YES NO**

**I give permission to use my child’s photo online (FBC Pre-K website / FBC Pre-K Facebook page)? YES NO**

**In the event of a medical emergency and a parent/guardian cannot be contacted, I authorize emergency medical care for my child:**

**SIGNATURE:**  **DATE:**

**I UNDERSTAND THAT ALL OF THE INFORMATION IN THIS FORM IS CORRECT AND COMPLETE. I ALSO UNDERSTAND THAT IF ANY OF THIS INFORMATION CHANGES AT ANYTIME, I WILL CONTACT EITHER THE DIRECTOR OR MY CHILD’S TEACHER TO MAKE THE NECESSARY CORRECTIONS. I ALSO UNDERSTAND ALL OF THE STATEMENTS IN THIS APPLICATION:**

**SIGNATURE:** **DATE:**

**-2-**

**Tell Us About Your Child**

Child’s Name: Age:

Parents relationship to each other: Married Divorced Separated Single

Child resides with:

Likes:

Dislikes:

Habits:

Fears:

How does your child express anger?

How do you discipline your child?

Sibling Names and Ages:

Is there anything else that you would like us to know about your child? (i.e. any medical conditions)

If you have any comments or preferences, please feel free to address them here:

**First Baptist Church Pre-K is not required to be licensed by the state; however, we are required to notify each parent of our status and to have record that you have been informed. Statement per the State of Tennessee follows:**

**Parents must sign a registration form when enrolling a child, stating that they have been advised and understand that the PDO program is not licensed and is not required to be licensed by the state as a childcare agency.**

**Please sign and date that you have read and understand this state requirement.**

**Signature: Date:**

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