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

Dear Parents, grandparents, and Caregivers,

It is time to begin registration for the upcoming 2022-2023 school year. Please complete the attached registration form and include a $35 non-refundable registration fee. Here are a few things to keep in mind while registering your child for the fall school year:

* **The $35 registration fee is due when the registration form is returned.** Registration fees are NON-REFUNDABLE.
* **Registration fees are deposited as students are enrolled.** Registration fees for those who are placed on a waiting list will be held until enrollment can be confirmed.
* **Checks can be made payable to** **FBC Pre-K**

In order to complete your child’s registration for next year (2022-2023), please submit registration and fee to the school or church office as soon as possible.

You will be notified if your child is on a waiting list; otherwise, your child will be placed in a class.

Pre-K packets will be mailed out mid-July with details of your child’s teacher, classroom supply list and information regarding the upcoming school year. Your child’s teacher will contact you by the end of July to introduce herself, answer any questions, and to schedule a 30-minute meet-n-greet before classes start.

We are excited that you are planning to join us for a fun and learning-filled year at First Baptist Pre-K! Thank you for the opportunity to teach your child and we are looking forward to fall!

If you have any questions please feel free to email at [kstockman@fbcdickson.org](mailto:kstockman@fbcdickson.org) or call at 615-446-4640 ext.101.

In Him,

Kellie Stockman

FBC Pre-K Director

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**\*\*Registration Packet**

**2022-2023 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- $110

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:

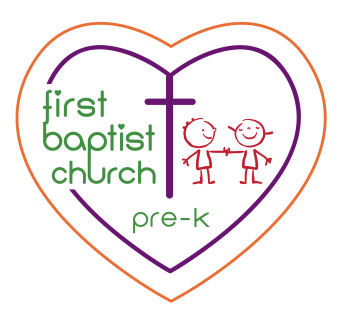
\*\*This section to be filled out by First Baptist staff ONLY

**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, 2022:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birthdate:**

**Email Address**: (*If this is NOT a good form of communication for you please let the director know)*

**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 first)

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**. (In order 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 my permission for my child to be photographed.**

**SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do we have your permission to use your child’s photo online? (FBC website or our Facebook page)? \_\_\_\_\_\_ YES \_\_\_\_\_\_ NO**

**In the event that I cannot be reached to make arrangements for emergency medical attention. I authorize FBC Pre-K/Pre-K staff to take my child to the emergency room in case of a medical emergency.**

**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 AND MAKE THE NECESSARY CORRECTIONS. I ALSO UNDERSTAND ALL OF THE STATEMENTS MENTIONED 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 lives 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 on this page. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 child care agency.**

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

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**-3-**