



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

2026-2027 School Year Registration Form

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: Program school year is August 2026 through May 2027

Classes are:

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

Tuesday/Thursday 9:00am - 1:00pm

WHERE: First Baptist Church

FEES: Registration Fee- \$50

Classroom Fee- \$50

Monthly Tuition- \$150

* Information packets will be emailed in July; this will include school calendar, teacher and classroom information and a supply list.

*New students must have an up-to-date **copy of their shot record!** Feel free to have that faxed to us at 615-375-1235, ATTN TO: Shannon Deal.

Registration Fee Paid : _____

Date of Payment: _____

Received By: _____

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



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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, 2025: _____ **Birthdate:** _____

Email Address: _____

Parent's/Guardian's Name: _____

Address: _____ **City/State/Zip:** _____

Contact Number's (Mom): _____ **(Dad):** _____

Mother's Employer: _____ **Work Phone:** (____) ____ - _____

Father's Employer: _____ **Work Phone:** (____) ____ - _____

Emergency Contact: (Will be contacted if you are unavailable)

Name: _____ **Phone:** (____) ____ - _____

Relationship to Child: _____

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 (We must have a court order on file to enforce).

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

Where do you worship? _____

I give permission to take my child's picture for class projects: 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: _____

Tell Us About Your Child

Child's Name: _____

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: _____