FIRST BAPTIST PRESCHOOL 984 West Maitland Lane, New Castle, PA 16105

Application for 2014/2015 School Year

I wish to register my child for: 3 year old class on Tuesday a	nd Thursday	/ mornings		
4 year old class on Monday, V	afternoons (IF REGISTRATION ALLOWS)			
Please answer <u>all questions</u> :				
Today's Date		_		
Child's full name				Sex
Age Date of birth				
		day	•	
Parent's names are				
•		Zip Code		
Are parents separated?	Divorced?		Widowed	?
Has your child had any previous group	experience	es?		
Where?		When?		
Any physical handicaps?		_General Heal	th	
Physician's name			Phone	
Father's Occupation		Where?		Phone
Mother's Occupation	Where?			Phone
Do you attend church?	Whe	re?		
Does your child attend Sunday School	1?	Where?		
Reasons for wanting your child in pre-	school			
Who should we call in case of emergency? 1) Name				Phone
2) Name				Phone
MEDICAL RELEASE:				
In the event of an emergency and the e Preschool to take my childtreatment.				
u outmont.	S	Signed: (Mother	·)	
		(Father)		

(This form <u>must</u> be signed by both parents unless one parent is deceased or has no legal rights to the child.)

<u>REGISTRATION FEE AND MONTHLY TUITION</u> – Please submit a non-refundable deposit of \$100.00 with this application -- this includes a \$35.00 registration fee, and \$65.00 which will be applied/credited to your May 2015 tuition provided your child has completed the year and the account is current. Tuition is per month, and payable the day of or before the first session of the month. Three year old class is \$75.00/month (Tues. & Thurs. mornings), \$675/year. Four year old class is \$90.00/month (Mon., Wed., and Fri. mornings or afternoons), \$810/year.

"ALL ABOUT ME"

CHILD'S NAME				
I like to be calledroomers):	I live with these p	I live with these people:(siblings, parents, relatives,		
<u>Names</u>	Relation to me	Ages of Siblings		
I play with children older, younger	, my age, alone _	·		
I have a pet It's name is		·		
I have food allergies I am aller				
Other allergies				
At home I am very active, moderately	y active, quiet	·		
My favorite toy	My favorite activity _			
I talk distinctly: Yes No At home I ta	ılk a lot, some, little _	·		
I am afraid of I sta	arted being afraid because			
I like to sit & listen to stories a lot a	little not at all I h	ave not been read to		
Yes, we would like to be included on the n	nailing list that will be distribu	ted to the preschool families.		
Throughout the year we will be taking photos or boards, and/or on our webpage. In order to rele consent, please complete the following:				
I,, parent/guardia photographed throughout the school year. I aut authorized by First Baptist Preschool of any and photographs shall be the property, solely and coapprove the finished photographs or printed ma	d all photographs, without com ompletely, of the First Baptist F	pensation to me/my child. All of these Preschool. I waive any right to inspect or		
Signature of parent of guardian		Date:		