First Christian Church Preschool
2017-2018 Enrollment Form

Child's Name_____Birthdate_____

Address_____ Home Phone_____

Email Address_____ Cell Phone_____

Father's Name_____Address_____

Mother's Name_____Address_____

Child lives with _____

Place of Father's Employment_____Phone_____

Place of Mother's Employment_____ Phone_____

Emergency Person(s) _____Phone_____

_____Phone_____

Names and ages of other children in family_____

Allergies/Medical Concerns_____

Hospital Preference_____

Name of Physician_____Phone_____

Are child's immunizations up to date? _____ (**We will need a current Kentucky Certificate of Immunization or notarized exemption.**)

Has child previously attended school? _____ If so, where? _____

Person(s) who may pick up child_____

_____

Any further information you would like to give about your child (unusual speech patterns, personality traits, favorite pets, special interests, etc.) _____

_____

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Class Options (all preschool classes meet from 9:00 a.m. to 2:00 p.m. daily; each class is $20 per day):

2-Year-Old _____	**3-Year-Old** _____	**4-Year-Old/Pre-K** _____
MWF (Older 2's) _____	MWF _____	M-F
T/Th. (Younger 2's) _____	T/Th. _____	

Extended care ($30 full day; $25 a day for either extended morning or extended afternoon):

Morning: 7:30 a.m. – 9:00 a.m.___ M___ T___ W___ Th___ F___
Afternoon: 2:00 p.m. – 5:30 p.m.___ M___ T___ W___ Th___ F___

Registration fee: **$75** ____ (2/3 days PS only) **$100** ____ (3 days; EXT care) (5 days; PS only) **$125**____ (4/5 days; EXT care)

I hereby authorize First Christian Preschool to obtain emergency medical care for my child throughout the 2017-2018 school year.

Date of Registration _____ Parent Signature _____
Date of Enrollment _____ Director Signature _____