REGISTRATION FORM 2023-2024				<u>Amount Paid</u>	<u>Date Paid</u>	<u>Check #</u>	
FIRST BAPTIST CHI WEEKDAY PRESCH 681 ELDEN STREET HERNDON, VA 20 703-435-6397	IOOL F						
Registration Fee/Su Monthly tuition:	pply Fee/Activity Fee \$	200.00. Return	ing Students and Sibl	ings \$175.00			
	2-day \$255.00 Tu 3-day \$380.00 Mo 5-day \$630.00 Mo	/Ionday/Wednesday/Friday		Hours of Program 9:30 a.m. to 1:30 p.m.			
CHILD'S NAME	NAME NAME USED A			HOME			
BIRTH DATE		_ SEX	_ HOME PHONE				
ADDRESS	reet)		(City)	(State)	(7: , C, , l,)		
(St	reet)		(City)	(State)	(ZIP Code)		
		BUSINESS PHONE		CELL			
FATHER'S E-MAIL_							
MOTHER'S NAME		BUSINE	SS PHONE	CELL			
MOTHER'S E-MAIL							
NAME(S) AND AGI	E(S) OF SIBLING(s)						
ALLERGIES (Medical, F	ood, ETC.)						
Speech, Vision, or Hea	ring Difficulties						
Any Physical or Menta	l Handicaps						
	hurch attend						
The following persons	are authorized to pick up	o my child					
Name	eName			ihild's Name) Name			
Parent's Signature							

A non-refundable registration/supply fee is due and payable at time of registration. Also, a deposit equal to one month's tuition is due at the time of Registration. If you cancel your child's enrollment by July 15, 2023 you will receive your deposit back. Should you cancel after July 15, 2023 you will forfeit your deposit. Parents will give a written one month notice prior to withdrawing their child. Parents are required to pay for that month regardless of when the child leaves the school.

A Physical Examination and Immunization Certificate must be completed by a physician and returned to the FBC Weekday Preschool in order for the child to be admitted to the school.

I have read the Parent Handbook and the above information; I understand my responsibilities to the school and agree to abide to the information and policies stated.

Parent's signature_____ Date_____