

REGISTRATION FORM 2018-2019

Amount Paid Date Paid Check #

FIRST BAPTIST CHURCH  
WEEKDAY PRESCHOOL  
681 ELDEN STREET  
HERNDON, VA 20170  
703-435-6397

Reg. Fee \_\_\_\_\_  
Deposit \_\_\_\_\_

Registration/Supply/Activity/Shirt Fee \$150.00. Returning Students and Siblings \$125.00

Monthly tuition:

|                |                             |                        |
|----------------|-----------------------------|------------------------|
| 2-day \$200.00 | ___ Tuesday/Thursday        | Hours of Program       |
| 3-day \$260.00 | ___ Monday/Wednesday/Friday | 9:30 a.m. to 1:30 p.m. |
| 5-day \$460.00 | ___ Monday-Friday           |                        |

CHILD'S NAME \_\_\_\_\_ NAME USED AT HOME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ SEX \_\_\_\_\_ HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

FATHER'S NAME \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ CELL \_\_\_\_\_

FATHER'S E-MAIL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ CELL \_\_\_\_\_

MOTHER'S E-MAIL \_\_\_\_\_

NAME(S) AND AGE(S) OF SIBLING(S) \_\_\_\_\_

ALLERGIES (Medical, Food, ETC.) \_\_\_\_\_

Speech, Vision, or Hearing Difficulties \_\_\_\_\_

Any Physical or Mental Handicaps \_\_\_\_\_

Religious affiliations: church attend \_\_\_\_\_

.....  
The following persons are authorized to pick up my child \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_  
(Child's 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 by February 1, 2018 for returning students and at registration for families new to our school. If you cancel your child's enrollment by June 15, 2018 you will receive your deposit back. Should you cancel after June 15, 2018 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 \_\_\_\_\_