

20 ____ - 20 ____
FIRST BAPTIST WEEKDAY PRESCHOOL
Enrollment
972-512-3895 Fax 855-512-3700

For Office Use:
____ Check #
____ Fees Paid
____ Teacher
____ Admission Date

Toddler ____ M ____ T ____ W ____ TH ____ F

Two Year Old ____ MWF ____ T-TH ____ 5 days

Three Year Old ____ MWF ____ T-TH ____ 5 days

Pre-Kindergarten ____ MWF ____ T-TH ____ 5 days

Child's Name _____ Home Phone _____

Address _____

City _____ Zip Code _____

Birthdate _____ Age of child on September 1 _____

Sex: ____ M ____ F

Father's Name _____

Father's Employment _____ Phone _____

Cellular Phone _____ Pager _____

Mother's Name _____

Mother's Employment _____ Phone _____

Cellular Phone _____ Pager _____

Persons to contact if neither parent can be reached:

_____ Relation _____ Phone _____

_____ Relation _____ Phone _____

Church family attends _____ Church preference _____

Child attends these services: ____ Sunday School ____ Preaching ____ Mass

Child lives with: ____ Both parents ____ Father ____ Mother ____ Others

Number of children in the family _____ Position of this child _____

I understand that all tuition is due by the 5th of each month and payable in advance.

Parent's Signature _____

Child's ID # _____
(This is your Texas Driver's License #)

First Baptist Church Weekday Preschool does not discriminate on the basis of race, color, national and ethnic origin in administration of its admissions and educational policies and other school-administered programs.