

**First Baptist Church of Weddington  
Preschool Registration Form  
2018-2019 School Year**

Child's Name \_\_\_\_\_ Preferred Name to be called: \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_ Other Caregiver \_\_\_\_\_  
Child's Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Please Check Desired Class (Must be age appropriate as of Aug. 31, 2015 for the class selected):

\* Please note that some class preference requests may not be able to be honored in order to achieve the goal of well-balanced classes.

\_\_\_\_\_ Two Years Old (Mon./Tues./Wed.)                      \_\_\_\_\_ Four Years Old (Mon./Tues./Wed.)  
\_\_\_\_\_ Three Years Old (Tues./Wed./Thurs.)                      \_\_\_\_\_ Four Years Old (Mon./Tues./Wed./Thurs.)  
\_\_\_\_\_ Three Years Old (Mon./Tues./Wed./Thurs.)                      \_\_\_\_\_ TK (Mon./Tues./Wed./Thurs.)

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Employed by \_\_\_\_\_ Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Employed by \_\_\_\_\_ Phone \_\_\_\_\_

Parents' Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

- Other children in the home (Please give names and ages)  
\_\_\_\_\_
- Child's previous preschool experience \_\_\_\_\_
- How did you learn of our program? \_\_\_\_\_
- FBCW Policy states that children must be immunized according to the requirements of the NC Dept. of Health and Human Services. Are your child's immunizations current? Yes \_\_\_\_\_ No \_\_\_\_\_
- Anything you feel we should know about your child (fears, developmental delays, habits, allergies, etc.)  
\_\_\_\_\_

Are you attending a church? \_\_\_\_\_ If yes, where? \_\_\_\_\_

**I understand that in order to enroll my child in the Preschool program, this form must be submitted with a \$110 non-refundable registration fee (\$85 for each sibling).**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**