



Date of Registration _____ Check # _____
Number on Waiting List if Needed _____

**First Baptist Church of Weddington
Preschool Registration Form
2024-2025 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, 2024 for the class selected):

- _____ Two Years Old (Mon. /Wed.)
_____ Three Years Old (Tues./Wed./Thurs.)
_____ Four Years Old (Monday through Thursday)
_____ TK (Monday through Thursday)

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.)

I understand that in order to enroll my child in the Preschool program, this form must be submitted with a \$150 non-refundable registration fee (\$85 for each sibling).

Parent's Signature

Date