

**Fall 2010 Application for Admission
First Baptist Church Weekday Preschool**

100 East 4th Avenue • Rome, GA 30161-3120 • (706) 295-1150 • www.pcooper@FBCrome.org

Registration Fee: \$75.00 (Due with application and non-refundable.)

Please check class applying for based on child's age as of 9/01/10:

**Please circle if interested in:
Breakfast Bunch or Extended Day**

One Year & Walking:	Two Year:	Three Year:	Pre-K Four:	Pre-K Five:
<input type="checkbox"/> Mon. & Wed. \$150.00	<input type="checkbox"/> Mon. & Wed. \$150.00	<input type="checkbox"/> Mon. thru Thurs. \$195.00	<input type="checkbox"/> Mon. thru Thurs. \$195.00	<input type="checkbox"/> Mon. thru Thurs. \$195.00
<input type="checkbox"/> Tues. & Thurs. \$150.00	<input type="checkbox"/> Tues. & Thurs. \$150.00			

Child's Full Name: _____ **Name Child is Called:** _____

Birthdate: _____ **Child's age as of 9/01/10:** _____

Male Female **Parent's e-mail address:** _____ **Home Phone** _____

Address: _____ **City** _____ **State** _____ **Zip** _____

Mother's Name: _____ **Cell/Beeper Number:** _____

Employer's Name & Phone Number _____ **Position:** _____

Father's Name: _____ **Cell/Beeper Number:** _____

Employer's Name & Phone Number: _____ **Position:** _____

Emergency contact other than parents: _____ **Phone:** _____

Are parents divorced or separated? _____ **Does child have a step-parent?** _____

List other children & ages: _____

Other adults living in home? _____ **Relationship?** _____

Church presently attending: _____ **FBC Member?** _____ **Denomination:** _____

What contacts has child had with other children? _____

Previous school attendance: Where? _____ **When?** _____

General Health of Child: _____ **Physical Handicaps:** _____

Physician's Name: _____ **Phone:** _____

Is child toilet trained? _____ **Does child need assistance?** _____

Nervous manifestations (fears, etc..)** _____ **** Allergies (food, other, be specific)** _____

**Please note on back of application any information that would help us better understand your child's needs.

PARENT'S SIGNATURE _____ **DATE** _____

NOTE: List on back of application anyone who has permission to pick-up your child from preschool.

****I give permission for my child's picture to be used in school/church publications.** _____ Yes _____ No

