First Baptist Preschool and Kindergarten

138 South Washington Street, Prattville, Alabama 36067 http://www.fbcprattville.org/kindergarten/
Heather.Jolley@fbcprattville.org

334-361-9481
Heather Jolley, FBPK Director



3 Day or 5 Day:
Acknowledgement card sent:
Date Mailed;
Registration Fee:
Date Paid:
Cash or CK#
From:
Amount:
Supply Fee:
Date Paid:
Cash or CK#:
From:
Amount:

FOR OFFICE USE ONLY:

		Amount:			
THREE-YEAR-OLD CLASSES	FOUR-YEAR-OLD CLASSES	KINDERGARTEN CLASSES			
3 Days Per Week	3 Days Per Week	5 Days Per Week			
Tues./Wed./Thurs.	Tues./Wed./Thurs. Monday-Friday				
Yearly Tuition-\$1550.00	Yearly Tuition-\$1550.00	Yearly Tuition-\$1950.00			
Monthly Tuition-\$155.00	Monthly Tuition-\$155.00	Monthly Tuition-\$195.00			
5 Days Per Week	5 Days Per Week				
Monday-Friday	Monday-Friday				
Yearly Tuition-\$1800.00	Yearly Tuition-\$1800.00				
Monthly Tuition-\$180.00	Monthly Tuition-\$180.00				
Child's Name		Male Female			
First Name	Middle Name	Last Name			
Preferred name	Date of Birth: Month	Day Year			

Child's Name					_ Male_	Female
First Name	Middle Nam	ne	Last Name	Э		
Preferred name	Date of Birth:	Month_		_ Day	Year	
Age by September 1st:	T-Shirt Size: 3T_	4T	Youth XS_	You	Jth S	Youth M
Home Address						
City			S	tate		Zip
Father's Name		Father's	Employer			
Father's Cell Number		Father's	Work Numbe	er		
Mother's Name		Mother'	s Employer			
Mother's Cell Number		Mother'	s Work Numb	er		
Primary Email Address:						
Child lives with: Both parents	_ Mother Fo	ather	Grandpare	nt	Other,	
Who has legal custody/guardiar	nship? Both pare	nts <i>1</i>	Mother F	ather_	Grc	andparent
	Other					
Is there a security situation with y	our child? Yes	No	_ If YES, plec	ise ansv	wer the	following:
I can provide office admi	nistration with off	icial cour	t documenta	tion reg	garding	custody issues.
Yes No						
Family religious preference		_ Do you	attend FBC F	Prattville	∍? Yes_	No
lf NO, where do you attend chu	rch?					
How did you hear about our pro	aram?					

Parent's Signature Date
I have received and read the general requirements and information. I wish to enroll my child in First Baptist Preschool and Kindergarten.
I understand that I must be in good financial standing with the school to be considered for future enrollment. I agree
I agree to pay a \$10 late fee when picking up my child after 12:05 p.m. for regular dismissal or after 2:30 p.m. for Lunch Bunch/After School Care. I agree
I understand that FBPK tuition is an annual tuition and is divided into 10 equal payments. I agree to pay 10 tuition payments by the first day of each month from August to May. I understand that a \$10 late fee will be added to any late tuition payment. I agree
I agree to give a 30-day written notice in the event of withdrawing my child from FBPK. I understand that my tuition and fees are non-refundable in the event of withdrawal. I agree
FBPK teachers and staff are not trained or equipped to handle children with excessive medical, emotional, visual, speech, hearing, severe limitations/illnesses, or extremely time intensive behaviors. understand that FBPK reserves the right to deny enrollment or dismiss my child from the program if we determine proper care cannot be provided. I agree
I understand that an up-to-date or completed Alabama Immunization form (IMM50) or a Religious Letter of Exemption is required <u>before</u> school begins. I agree.
Parental Agreements (please initial) I understand that my child is to be <u>fully potty-trained</u> by the time school starts. I understand that FBP staff does not change clothes of children and I agree to come to the school to change my child in the event of a potty accident. I agree.
Do we have your permission to include the following in your child's class directory? My address: Yes No My phone number: Yes No My email address: Yes No
Has your child participated in a weekday preschool program or daycare program in the past? Yes No Please list any group experience(s) your child has had:
Does your child speak English? Yes No Do you speak English with your child at home? Yes No If NO, please list the primary languag spoken:
As a parent, do you have any concerns regarding your child's speech, behavior, or social/emotional/physical development? Yes No If YES, please explain:
Has your child been referred for testing or been tested for any special needs including, but not limited to any social, emotional, behavioral, or developmental delays? Yes No If YES, please provide a copy of the testing results/IEP and give any additional instructions:
Has your child had any social, emotional, behavioral, or developmental delays/concerns or diagnosis? Yes No If YES, please explain:
Has your child had a serious medical condition? Yes No If YES, please list the condition ar describe:
Does your child have any allergies? Yes No If YES, please list the allergy and give any special instructions:
Tell us about your child.

2024-2025