

FBCM Weekday Preschool Registration Form 2012 - 2013



Child's Name: _____ Gender: _____
(Last) (First) (MI)

Date of Birth: _____ Age of child on 8/31/12: _____

Home Address: _____
(Street)

(City) (State) (Zip)

Parent (s) or Guardian (s) Name: _____

Email Address: _____

Home Phone # _____ Cell # _____

Payment Method: (Check) _____ (Ck #) _____ (Amt. Paid) _____; (Cash) _____ (Amt. Paid) _____
(Debit/Credit Card) _____ (Visa/Master) _____

Classroom Preferences: (Please be specific and list days enrolled e.g. 1st choice: M-Th 4's, 2nd choice: M-F 4's)

1st Choice: _____

2nd Choice: _____

Parent/Guardian Signature: _____
(By signing above, I am stating my understanding and compliance with the registration policies stated on the Registration letter.)

Additional Comments:

