

FPC PRESCHOOL/KDO ENROLLMENT FORM

A non-refundable enrollment fee of \$65.00 is due at the time of enrollment.

School Term: _____

Student's Information

Last updated: 02/23/2011

Student's Name:	_____	_____	_____	_____
	Last	First	Middle	Suffix
Preferred Name:	_____	Title _____	Grade Level:	_____
Date of Birth:	_____	Gender:	_____	

Primary Family Information

Address Line 1:	_____		
	City	State	Zip Code
Home Phone 1:	_____	<input type="checkbox"/> Okay to list	
E-Mail Address:	_____	<input type="checkbox"/> Okay to list	

Father's Information

Father's Name:	_____	_____	_____	_____
	Last	First	Middle	Suffix
Preferred Name:	_____	Title: _____	E-Mail Address:	_____
Cell Phone:	_____	Pager: _____	Emergency Contact:	<input type="checkbox"/>
Company Name:	_____	Job Title: _____	Allowed to pick up child:	<input type="checkbox"/>
Business Phone 1:	_____	Ext. _____	Business Phone 2:	_____
			Ext.	_____
Business E-Mail:	_____	Fax:	_____	

Mother's Information

Mother's Name:	_____	_____	_____	_____
	Last	First	Middle	Suffix
Preferred Name:	_____	Title: _____	E-Mail Address:	_____
Cell Phone:	_____	Pager: _____	Emergency Contact:	<input type="checkbox"/>
Company Name:	_____	Job Title: _____	Allowed to pick up child:	<input type="checkbox"/>
Business Phone 1:	_____	Ext. _____	Business Phone 2:	_____
			Ext.	_____
Business E-Mail:	_____	Fax:	_____	

Emergency Information

Contact Name: _____	Relation: _____	
Home Phone: _____	Business Phone: _____	Cell Phone: _____
Contact Name: _____	Relation: _____	
Home Phone: _____	Business Phone: _____	Cell Phone: _____
Contact Name: _____	Relation: _____	
Home Phone: _____	Business Phone: _____	Cell Phone: _____

Medical Contacts

Physician: _____	Phone Number: _____
Dentist: _____	Phone Number: _____
Hospital: _____	Phone Number: _____
Insurance: _____	Policy Number: _____

Pickup Information

(People Authorized to pickup children other than parents from school)

Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____

Returning Family _____	Attended Last _____	MDO/KDO Family _____
Church Member _____	New Family _____	How did you hear about us _____

Beginner children must be 3 years old and potty trained by Aug. 31st.; Pre-Kindergarten children must be 4 years old by Aug. 31st

WE WILL DO OUR BEST TO GIVE YOU YOUR FIRST CHOICE FOR PLACEMENT, BUT WE CAN NOT ALWAYS ACCOMODATE
PLEASE INDICATE YOUR 1ST, 2ND AND 3RD CHOICES:

BEGINNER SESSIONS:	_____	_____	_____	_____
	M/T/W/TH/F	Mon/Wed/Fri	M/T/W/TH/F	Mon/Wed/Fri
	A.M. 9:00-11:30	A.M. 9:00-11:30	P.M.12:30-3:00	P.M.12:30-3:00
PRE-K SESSIONS:	_____	_____	_____	_____
	M/T/W/TH/F	Mon/ Wed/Fri	M/T/W/TH/F	Mon/ Wed/Fri
	A.M. 9:00-11:30	A.M. 9:00-11:30	P.M.12:30-3:00	P.M.12:30-3:00
KDO:	_____	_____	_____	_____
	Monday	Wednesday	Mon/Wed/ Fri	

OFFICE USE ONLY:

Registration Fee Paid: First Child _____	Second Child _____
Check # or Rcpt. # _____	