

FPC PRESCHOOL/KDO ENROLLMENT FORM

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

Student's Information

School Term: _____

Student's Name: _____
Last First Middle
Preferred Name: _____ Date of Birth: _____ Gender: _____
Grade Level (circle one): KDO Beginner Pre-K

Family Information

Address: _____
City State Zip Code
Home Phone: _____ Okay to list in school directory
E-mail Address: _____ okay to list in school directory

Father's Information

Father's Name: _____ Preferred Name: _____
Last First
E-mail Address _____ Cell Phone: _____
Company Name: _____ Job Title: _____ Business Phone: _____
Business Email: _____
Emergency Contact:
Allowed to pick up child:

Mother's Information

Mother's Name: _____ Preferred Name: _____
Last First
E-mail Address _____ Cell Phone: _____
Company Name: _____ Job Title: _____ Business Phone: _____
Business Email: _____
Emergency Contact:
Allowed to pick up child:

Emergency Information (other than parents)

| | | |
|---------------------|-----------------------|-------------------|
| 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 Authorization (other than parents)

| | | |
|------------------------|----------------------------------|---------------------|
| Name: _____ | Phone: _____ | Relationship: _____ |
| Name: _____ | Phone: _____ | Relationship: _____ |
| Name: _____ | Phone: _____ | Relationship: _____ |
| Returning Family _____ | Church Member _____ | |
| New Family _____ | How did you hear about us? _____ | |

Beginner children must be 3 years old and potty trained by August 15th; Pre-K children must be 4 years old by August 15th.

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

BEGINNER SESSIONS (3-4 year olds):
M/T/W/TH/F Mon/Wed/Fri
A.M. 9:00-12:00 A.M. 9:00-12:00

PRE-K SESSIONS (4-5 year olds)
M/T/W/TH/F Mon/Wed/Fri
A.M. 9:00-12:00 A.M. 9:00-12:00

KDO SESSIONS (1-3 year olds): Please Circle which day(s) you would like.
Monday Wednesday Friday

LUNCH BUNCH: (12:00-2:00): Please Circle which day(s) you would like.
Monday Tuesday Wednesday Thursday Friday

BEFORE SCHOOL CARE(8:30-9:00): Please Circle which day(s) you would like.
Monday Tuesday Wednesday Thursday Friday

OFFICE USE ONLY:

Registration Fee Paid: First Child _____ Second Child _____ Check # or Receipt # _____