

# FPC First 5 Years Enrollment Form

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

## Student's Information:

School Year: **2022-2023**

Student's Name: \_\_\_\_\_  
Last First Middle

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Age as of 8/22/2022 (circle one): 1-2 years 2-2.5 years 2.5-3 years 3 years 4 years 5 years

## Family Information:

Address: \_\_\_\_\_  
City State Zip Code

Primary Phone: \_\_\_\_\_  Okay to list in school directory

Primary E-mail: \_\_\_\_\_  okay to list in school directory

## Guardian 1 Information:

Guardians Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Last First

Preferred Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Address: \_\_\_\_\_ Company Phone: \_\_\_\_\_

Emergency Contact:  Allowed to pick up child:

## Guardian 2 Information:

Guardians Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Last First

Preferred Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company Address: \_\_\_\_\_ Company Phone: \_\_\_\_\_

Emergency Contact:  Allowed to pick up child:

## Emergency Contacts: (other than guardians– must provide at least one contact)

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Medical Contacts

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

## Pickup Authorization (other than guardians)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Returning Family \_\_\_\_\_ Church Member \_\_\_\_\_

New Family \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

**WE WILL DO OUR BEST TO GIVE YOU YOUR FIRST CHOICE FOR PLACEMENT, BUT WE CAN NOT ALWAYS ACCOMMODATE DUE TO SPACE LIMITATIONS.**

**Beginner and Pre-K Children must be potty trained by the first day of school. KDO students do NOT need to be potty trained.**

**KDO SESSIONS** (1 year old class, 2-2.5 year old class 2.5-3 year old class):

Please circle which class your child's age falls in (**as of the first day of school**) and which day(s) you would like them to attend.

1 year old class      2-2.5 year old class      2.5-3 year old class

Monday      Tuesday      Wednesday      Thursday      Friday

**PRESCHOOL SESSIONS (Please indicate your 1st , 2nd, and 3rd choice.):**

**BEGINNER CLASSES:**

(3 years old at start of school)

\_\_\_\_\_  
Mon/Wed/Fri

A.M. 9:00-12:00

\_\_\_\_\_  
Tue/Thur

A.M. 9:00-12:00

\_\_\_\_\_  
M/T/W/R/F

A.M. 9:00-12:00

**PRE-K CLASSES:**

(4 years old at start of school)

\_\_\_\_\_  
M/T/W/TH/F

A.M. 9:00-12:00

\_\_\_\_\_  
Mon/Wed/Fri

A.M. 9:00-12:00

**LUNCH BUNCH (For Beginner and Pre-K students only, runs from 12:00-2:00):**

Please circle which day(s) you would like.

Monday      Tuesday      Wednesday      Thursday      Friday

**BEFORE SCHOOL CARE (For Beginner and Pre-K students only, runs from 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 # \_\_\_\_\_