

# 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: **2023-2024**

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

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

Age as of 8/22/2023 (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: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Primary 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 & Pre-K Children must be potty trained by the first day of school.  
KDO students do NOT need to be potty trained.  
Students in the 1 year old class must be able to walk unassisted before attending.**

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

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

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

Days wanting to attend - Monday    Tuesday                      Wednesday                      Thursday                      Friday

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

### **BEGINNER CLASSES:**

(Must be 3 years old at start of school)

Mon/Wed/Fri  
A.M. 9:00-12:00

M/T/W/R/F  
A.M. 9:00-12:00

### **PRE-K CLASSES:**

(Must be 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 # \_\_\_\_\_