



**ENROLLMENT APPLICATION**  
**FBC EARLY LEARNING & CHILDCARE CENTER**  
220 East Central Ave.  
Main Office: (620) 442-3510

**6 Weeks - 5 Years**

**PLEASE SELECT WHICH PROGRAM YOU WOULD LIKE YOUR CHILD TO ATTEND:**

- |   |                                     |
|---|-------------------------------------|
| Morning Preschool Program 8-11:30                   | <b>\$200</b> monthly tuition: _____ |
| Morning Preschool Program <i>with lunch</i> 8-12:15 | <b>\$250</b> monthly tuition: _____ |
| All-Day Preschool (2-5 yrs) 8-5:30                  | <b>\$400</b> monthly tuition: _____ |
| All-Day Infant/Toddler (6 weeks-2 yrs) 8-5:30       | <b>\$500</b> monthly tuition: _____ |

Drop off starts at 7:30 each morning. Breakfast and morning snacks are provided.  
All-day children also receive lunch and afternoon snack.

Please include a **NON-REFUNDABLE** registration fee of **\$125** with this enrollment form. This fee provides supplies for the classroom such as paints, construction paper, craft supplies, snacks, etc, and is not part of the tuition cost..

**PLEASE MAKE CHECKS PAYABLE TO FIRST BAPTIST PRESCHOOL**

Tuition is due the first day of attendance.

All payments thereafter are due **before the 7th** of every month.

Please complete this form and return to First Baptist Church with your registration fee.

Child's Name: \_\_\_\_\_

Nick Name : \_\_\_\_\_

DOB : \_\_\_\_\_ AGE: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Parent (Guardian) \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Parent (Guardian) \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Primary Home Phone: \_\_\_\_\_

Primary Address: \_\_\_\_\_  
\_\_\_\_\_

Sibling(s) Name(s): \_\_\_\_\_  
\_\_\_\_\_

**Only individuals AUTHORIZED BY YOU may pick up your child.**

Please list authorized individuals (other than parent/guardian):

Name	Relation	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

*Emergency Contacts:* Please list in order they should be called.

Please include name, cell, work number, and workplace.

*We always attempt contact with parents first.*

For more information, please contact **Amber Wiley** at **620-506-2631**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

**IF YOU ARE ENROLLING A CHILD UNDER 2 YEARS OF AGE  
PLEASE PROVIDE THE FOLLOWING INFORMATION:**

**FEEDING SCHEDULE:**

**MORNING:** \_\_\_\_\_  
\_\_\_\_\_

**AFTERNOON:** \_\_\_\_\_  
\_\_\_\_\_

**SUGGESTED NAP TIMES:** \_\_\_\_\_  
\_\_\_\_\_

**PARENTS ARE RESPONSIBLE FOR PROVIDING  
DIAPERS, WIPES, BABY FOOD, FORMULA.**

PLEASE MAKE SURE ALL ITEMS ARE IN THEIR DIAPER BAGS DAILY.

WE WILL DO OUR BEST TO ADHERE TO THE SCHEDULES PROVIDED