



Application for 2017/2018 School Year Parent's Day Out & Kindergarten

Student Information

Student's Name: _____
LAST FIRST MIDDLE

Preferred Name: _____ Gender: Male Female

Date of Birth: _____ Race: _____ Church Affiliation: _____

Primary Family Information

Address: _____
STREET CITY STATE ZIP COUNTY

Subdivision: _____ Home Phone: _____

Preferred Email: _____

Siblings: _____
PLEASE LIST NAMES AND AGES

Parent's Information

Father's Name: _____
LAST FIRST MIDDLE SUFFIX

Preferred Name: _____ Church Affiliation: _____

Employer: _____ Job title: _____

Work Phone: _____ Mobile Phone: _____

Mother's Name: _____
LAST FIRST MIDDLE SUFFIX

Preferred Name: _____ Church Affiliation: _____

Employer: _____ Job title: _____

Work Phone: _____ Mobile Phone: _____

Parent's Day Out Registration (Registration Fees are non-refundable. Registration is not complete unless submitted with a check.)

Check One	Class	Registration Fee	Monthly Tuition	Check the Day(s) Attending
	1 Day	\$80	\$88	Tuesday Thursday Friday
	2 Days	\$100	\$176	Tuesday Thursday Friday
	3 Days	\$120	\$264	Tuesday/Thursday/Friday

Kindergarten Registration (Registration Fees are non-refundable. Registration is not complete unless submitted with a check.)

Check One	Class	Registration Fee	Monthly Tuition	Circle the Day(s) Attending *Late Stay
	K3 Mon/Tues	\$130	\$142	Monday Tuesday
	K3 Wed-Fri	\$180	\$195	Wednesday Thursday Friday
	K4 Wed-Fri	\$195	\$195	Wednesday Thursday Friday
	K4 Mon-Fri	\$245	\$257	Mon. Tues. Wed. Thurs. Fri.
	K5	\$325	\$337	N/A

*Late Stay Hours: 11:30 am-2 pm | Cost: \$9 per day

Emergency Information

Emergency Contacts (other than parents)

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Medical and Emergency Information

Child's Physician: _____ Phone Number: _____

Medicine Allergies: _____

Food Allergies: _____

Other Allergies: _____

Any Special Health Concerns: _____

If child should be hurt and parents or doctor cannot be reached, do we have permission to use our judgment in calling a doctor or sending child to the hospital? Yes No

Pick Up Information (people authorized to pick up child from school other than emergency pickups)

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Notes: _____

"I give Taylors First Baptist Church and Taylors First Pre-Academy permission to use my child's photograph and variations of my child's photograph in both print and media." Photos would be used only for Taylors First Pre-Academy promotion and for Taylors FBC history. Yes No

Parent/Guardian Signature _____

Date _____