

JEFFERSON BAPTIST PRESCHOOL
2017 - 2018

\$180 Registration Fee (non-refundable)
\$120 Supply Fee (may be paid @ registration, must be paid by July 31st)

Check One:

5-Day Program 9 a.m. – 12 p.m.

☐ 3 Year Olds (must turn 3 by 9/30/17)....**Tuition: \$240/month**

☐ 4 Year Olds (must turn 4 by 9/30/17)....**Tuition: \$240/month**

4-Day Program 9 a.m. – 12 p.m. (no class on Wednesday)

☐ 3 Year Olds (must turn 3 by 9/30/17)....**Tuition: \$220/month**

☐ 4 Year Olds (must turn 4 by 9/30/17)....**Tuition: \$220/month**

***ALL CHILDREN MUST BE POTTY TRAINED.**

***An immunization record is needed before school begins.**

Child's First Name: _____ M.I. ____ Last Name: _____

Name child prefers to be called: _____ Name to be placed on tote bag: _____

Date of Birth (M/D/Y): ____/____/____ Gender: ☐ M ☐ F

Address (Street, City): _____ Zip: _____

Mother's First Name: _____ Last Name: _____

Address (Street, City): _____ Zip: _____

Email: _____ Cell (____) _____

Occupation: _____ Home (____) _____

Employed By: _____ Work (____) _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Custodial Parent ☐ Widowed

Father's First Name: _____ Last Name: _____

Address (Street, City): _____ Zip: _____

Email: _____ Cell (____) _____

Occupation: _____ Home (____) _____

Employed By: _____ Work (____) _____

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Custodial Parent ☐ Widowed

Emergency Contact Information (in Baton Rouge area)

Name (other than parent): _____ Phone: (____) _____

Relationship to Child: _____

Pediatrician's Name: _____ Phone: (____) _____

List allergies and/or special needs: _____

Other Information

List siblings where this child lives:

Names & Ages: _____

Church Affiliation (present membership location): _____

Do you attend a church regularly now? _____

School child last attended: _____ Teacher: _____