

For Office Use Only

Tuition: _____

Class: _____

Days Attending: _____



For Office Use Only

Application Date: _____

Registration Fee: _____

Cash _____ Check # _____

A Ministry of First Baptist Church
 200 Branchview Drive; PO Box 643
 Concord, NC 28026

Enrollment Application 2019-2020 School Year

Phone: 704 786-9167 Fax: 704 795-3638 Email: abcpreschool@fbconcord.org

Student Name: _____

Additional Information:

- A copy of your child's **birth certificate and current immunization records** will need to accompany the enrollment application. (If we already have your child's birth certificate, only his or her current immunization records are required.)
- Our registration fee is \$60.00 and is due when you return your child's enrollment application to secure his or her placement in a class. (Non-refundable)
- **Hours:** 8:45am—12:30pm
- **Tuition:**
 - 2 day classes: \$140.00 per month
 - 3 day classes: \$170.00 per month
 - 5 day classes: \$235.00 per month

*Each additional child enrolled will receive a 10% discount on tuition.

ABC Preschool values your opinion and input in making class arrangements. Please place a "1" next to your first preference in class, then a "2" next to your second preference. After completing the attached enrollment application, please return it along with your registration fee. *Also, please understand that the actual class arrangement will depend on the amount of interest, the ability to staff a particular request, and the monetary feasibility of providing for that class.*

The cut off birth date for each class is August 31st.

_____ 2 day **Two year old class** (\$140 per month)

_____ 3 day **Two year old class** (MWF) (\$170 per month)

_____ 5 day **Two year old class** (M-F) (\$235 per month)

_____ 3 day **Three year old class** (MWF) (\$170 per month)

_____ 5 day **Three year old class** (M-F) (\$235 per month)

_____ 3 day **Four year old class** (MWF) (\$170 per month)

_____ 5 day **Four year old Transitional - Kindergarten (TK) Class** (M-F) (\$235 per month)



PERSONS AUTHORIZED TO PICK UP CHILD
(other than parents/guardians)

NAME: _____ Relationship to child: _____

Cell #: _____ Other #: _____

Child knows this person as: _____

NAME: _____ Relationship to child: _____

Cell #: _____ Other #: _____

Child knows this person as: _____

NAME: _____ Relationship to child: _____

Cell #: _____ Other #: _____

Child knows this person as: _____

I, _____, give permission to
(Printed Parent Name)

All Because of Christ (ABC) Preschool to release my child,

_____, to those
(Student's Full Name)

persons listed above in the event that I am unable to pick my child up at
school.

Parent Signature Date



MEDICAL TREATMENT and EMERGENCY CONTACTS

CHILD'S FULL NAME: _____

Does your child have any allergies? _____

Please list any medical and/or behavioral conditions, medications, etc. that we should be aware of:

Name of Child's Doctor: _____

Office Phone #: _____

Name of Child's Dentist: _____

Office Phone #: _____

Hospital Preference: _____

Insurance Carrier: _____ Policy #: _____

Emergency Contacts (After attempting to reach parents/guardians):

1st Contact: _____ Cell #: _____

Other#: _____

2nd Contact: _____ Cell #: _____

Other#: _____

EMERGENCY TREATMENT RELEASE

I hereby authorize ABC Preschool, or its representatives to obtain emergency medical treatment for my child, _____, in the event of a medical emergency or if I or those persons I have designated cannot be reached.

Parent/Guardian Signature

Date