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 2022-2023 School Year

Phone: 704 786-9167 ext. 6 Fax: 704 795-3638 Email: abcpreschool@fbcconcord.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.)
- 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: \$240.00 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 of the current year.

- _____ 2 day One year old class (T TH) (\$140 per month)
- _____ 3 day **One year old class** (MWF) (\$170 per month)
- _____ 5 day <u>One year old class (</u>M-F) (\$240 per month)
- _____ 2 day **Two year old class** (T TH) (\$140 per month)
- _____ 3 day <u>Two year old class</u> (MWF) (\$170 per month)
- _____ 5 day **Two year old class** (M-F) (\$240 per month)
- _____ 3 day <u>Three year old class</u> (MWF) (\$170 per month)
- _____ 5 day <u>Three year old class</u> (M-F) (\$240 per month)
- _____ 3 day Four year old class (MWF) (\$170 per month)
- 5 day Four year old Transitional Kindergarten (TK) Class 4/5 yr olds (M-F) (\$240 per month)



CHILD'S NAME:		
First Name child responds to if different than a	Middle bove:	Last
Date of Birth:	Male Femal	e
Child's Age as of August 31, 2022:		
Full Home Address (include zip) :		
Home Phone # (if Available) :		
Email Address:		
MOTHER'S (GUARDIAN) NAME:		
Employer:		
Cell Phone #:	Other Phone #:	
FATHER'S (GUARDIAN) NAME:		
Employer:		
Cell Phone #:	Other Phone #:	
Parents of child are: Married Dive	orcedSeparatedOthe	er:
Child Lives with: Both Mother	FatherOther:	
Please list siblings and their ages:		
Family's Place of Worship (optional):		
What are your expectations for this year?		
How did you find out about All Because o		
Tell us about your child (special interests, li	kes/dislikes, tears, sleeping or ea	ating nabits, etc.):
Is your child potty-trained? :	(3 and 4 year olds <u>MUST</u> be pa	otty-trained.)
	All Because of Christ Presch	nool Enrollment Application Page

		COCPreschool	
		INS AUTHORIZED TO PIC	
	(<u>c</u>	other than parents/guar	<u>dians</u>)
AME:		Relationship to chi	ld:
	Cell #:	Other #:	
	Child knows this pers	son as:	
NAME	:	Relationship to ch	nild:
	Cell #:	Other #:	
	Child knows this pers	son as:	
NAME	:	Relationship to cr	hild:
		Other #:	
		on as:	
••••	••••••	· · · · · · · · · · · · · · · · · · ·	••••••
	l,(Pri	inted Parent Name)	, give permission to
	•	, t (ABC) Preschool to release my c	hild.
		(-, , -	, to those
		(Student's Full Name)	,
	persons listed above	e in the event that I am unable to	pick my child up at
	school.		
	Parent S	lignature	Date



MEDICAL TREATMENT and EMERGENCY CONTACTS

CHILD'S FULL NAME:	
Does your child have any allergies?	
Please list any medical and/or behavioral condition 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 p	parents/guardians):
1st Contact:	Cell #:
	Other#:
2nd Contact:	Cell #:
	Other#:
EMERGENCY TRE/	ATMENT RELEASE
I hereby authorize ABC Preschool, or its repre- treatment for my child, emergency or if I or those persons I have des	, in the event of a medical
Parent/Guardian Signature	Date
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