

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@fbconcord.org](mailto: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.)
- 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.

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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 **One year old class** (M-F) (\$240 per month)
- \_\_\_\_\_ 2 day **Two year old class** (T TH) (\$140 per month)
- \_\_\_\_\_ 3 day **Two year old class** (MWF) (\$170 per month)
- \_\_\_\_\_ 5 day **Two year old class** (M-F) (\$240 per month)
- \_\_\_\_\_ 3 day **Three year old class** (MWF) (\$170 per month)
- \_\_\_\_\_ 5 day **Three year old class** (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)





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