



Shelbyville First Baptist Preschool Registration Form -- 2019-2020

1. Thank you for the opportunity to teach your child and partner with your family.
2. Registration Fee is \$75 per child. This fee is non-refundable.
3. All children will need to be 2, 3 or 4 by August 1, 2019. The Kentucky Department of Education has changed the entrance birthdate for Kindergarten to August 1.
4. All children for 3's & 4's classes must be potty trained, no pull-ups.
5. The fall calendar including first day of school will be determined later as it is based on the start of Shelby County Public Schools.
6. Information forms will be sent out 2-3 weeks before the start of preschool. These forms will be turned in at the Parent Meetings. We will also communicate regularly until the start of school through e-mail and the Remind text system.
7. We will need the following items at the Parent Meeting: 1. completed information forms, 2. copy of insurance cards, 3. up-to-date immunization records, 4. first month's tuition.

Child: _____ / ____ / ____
 Full Name: (First) (Middle) (Last) Name your child prefers Birth date

_____ M F _____
 Pertinent Allergies Special requests/needs for your child

Mom's/Guardian's First & Last Name: _____

Address: _____ City _____ Zip _____

Home Phone #: _____ Mom's Cell #: _____ Work #: _____

E-Mail Address: _____ Employer: _____

Dad's/Guardian's First & Last Name: _____

Address: _____ City _____ Zip _____

Home Phone #: _____ Dad's Cell #: _____ Work #: _____

E-Mail Address: _____ Employer: _____

Class Choices:

Select the age Group: _____ Twos (2 Days/Week) _____ Threes _____ Fours

Ages based on August 1, 2019

Days per week: _____ Two Days per week (\$135) _____ Three Days per week, \$160
 _____ Five Days per week (\$200) Only offered for the four year old class

For Office Use	Payment Amount _____	Payment Type _____	Date Received _____
	CF _____	EM _____	RE _____
		SPST _____	