

**Application for Enrollment  
First Baptist Church Weekday Preschool  
Waynesboro, VA  
2016 - 2017 School Year**

Full Name of Child \_\_\_\_\_

Preferred Name \_\_\_\_\_ Sex \_\_\_\_\_

Date of Birth \_\_\_\_\_

Applicant's Church Membership or Affiliation \_\_\_\_\_

Previous School(s) Attended \_\_\_\_\_

Parent/Guardian Information

Father / Guardian \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Phone \_\_\_\_\_

Primary Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

E-mail address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

List any disability or medical issue which may require special attention \_\_\_\_\_

\_\_\_\_\_

Is your child currently receiving any type of outside services INCLUDING early intervention, IEP, etc. OR has your child received in the past (circle)      **YES**    **NO**

Application Date \_\_\_\_\_      Signature \_\_\_\_\_

Class: \_\_\_\_\_ 2 ½ year old class (Tues/Thursday)    \_\_\_\_\_ 3 year old class (M/W/F; 3 days)  
\_\_\_\_\_ 3 year old class (M-F; 5 days)      \_\_\_\_\_ 4 year old class (M-F; 5 days)

*\*\*application fee is \$50 for the first child and \$40 for any additional child or FBC member.*

<b>For Office Use Only</b>
Date Received _____
Check # _____ Cash _____
Amount Paid _____