

Application for Enrollment
First Baptist Weekday Preschool
Waynesboro, VA
School Year _____ (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 such services 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 FBW member.*

For Office Use Only	
Date Received	_____
Check #	_____ Cash _____
Amount Paid	_____