



Registration for 2024-25 School Year
First Baptist Weekday Preschool
301 S. Wayne Avenue
Waynesboro, VA 22980
540-942-2253 / preschool@fbcwboro.org

CLASS: (check one) **2 Year Old Class (T/Th)** **Tuition \$135/month or \$1,215 per year**
 3 Year Old Class (M/W/F) **Tuition \$160/month or \$1,440 per year**
 3 Year old Class (M-F) **Tuition \$190/month or \$1,710 per year**
 4 Year Old Class/PreK (M-F) **Tuition \$190/month or \$1,710 per year**

Child's Name: (first) _____ **(middle)** _____ **(last)** _____

Preferred Name: _____

Gender (circle one): **male** **female**

Date of Birth: _____

Address: _____

Previous School(s) Attended: _____

Parent/Guardian Contact Information

Mother/Guardian: _____ **Father/Guardian:** _____

Address: _____ **Address:** _____

Primary Phone: _____ **Primary Phone:** _____

E-mail: _____ **E-mail:** _____

Place of Employment: _____ **Place of Employment:** _____

Work Phone: _____ **Work Phone:** _____

Does your child have any needs that may require special care? If yes, please explain.

Does your child currently receive or has your child ever received Early Intervention and/or Special Education services? If yes, please explain.

New Applicants Must Submit with the Registration Form:

- **A CURRENT, DATED IMMUNIZATION RECORD FROM YOUR CHILD'S HEALTHCARE PROVIDER (*To be kept on file at the school.*)**
- **AN ORIGINAL OR CERTIFIED COPY OF YOUR CHILD'S BIRTH CERTIFICATE. (*To be returned to you after registration.*)**

Signature of Parent: _____ **Date:** _____

A non-refundable registration fee is required at the time of registration for all students. Payment must be cash or check, made out to: First Baptist Church.

Registration fees are as follows: \$50 to register one child

\$40 to register an additional child

\$40 to register a child if First Baptist Church member

For Office Use Only

Date Received _____

Amount Paid _____ **Check #** _____ **or Cash** _____

Immunization Record on File _____

Birth Certificate Information

Name on BC: _____

DOB: _____

Place of Birth: _____

File No. / Reg. No.: _____

Mother's Name: _____

Father's Name: _____