



First Baptist Church Rowlett ·4309 Main Street·Rowlett, TX 75088

214-497-5262·Fax 972-463-6846·[www.fbcrowlett.org](http://www.fbcrowlett.org)

## ENROLLMENT FORM 2020-2021

Student's Name \_\_\_\_\_

(Last Name) (First) (Middle) (Nickname)

AGE AS OF SEPT. 1<sup>ST</sup>, 2020 \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Boy  Girl

Home Address \_\_\_\_\_

(Street) (City) (Zip)

Home # \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_

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

Father's Name \_\_\_\_\_ Cell \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_

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

Church Attending \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Names and ages of siblings \_\_\_\_\_

\_\_\_\_\_

In case of emergency (besides parents)

Contact \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

You may release my child to the following persons: (Child will not be released to anyone besides parents without specific permission).

Name \_\_\_\_\_ Driver's License # \_\_\_\_\_

Name \_\_\_\_\_ Driver's License # \_\_\_\_\_

Security Password \_\_\_\_\_ (please list a password which will need to be known by anyone picking up your child).

\*Occasionally parents may request phone numbers and addresses for purposes such as sending invitations, cards, etc. May we release this information?  Yes  No

Special Problems/Allergies:

Fears \_\_\_\_\_

Foods \_\_\_\_\_

Health \_\_\_\_\_

FBC Rowlett Community Preschool  HAS  DOES NOT HAVE my permission to photograph my child. Pictures would be used for display in scrapbooks, bulletin boards, slideshows, promotional materials, or on our website for the 2020-2021 school year.

**Please initial the following statements:**

\_\_\_\_\_ I have received a copy of the FBC Rowlett Community Preschool Parental Handbook for the 2020-2021 school year.

\_\_\_\_\_ I agree & understand that the registration fee is non-refundable.

\_\_\_\_\_ I agree & understand that tuition is due on the 1<sup>st</sup> school day of the month.

\_\_\_\_\_ I agree & understand that if I do not pay my tuition and/or outstanding balance by the 10<sup>th</sup> of the month, I will be charged a \$25 late fee.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*****FOR OFFICE USE ONLY*****	
Registration/supply fee paid _____	(non-refundable)
Date _____	
Check # _____	Cash _____
Start Date _____	