



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

214-497-5262•Fax 972-463-6846•www.fbcrowlett.org

ENROLLMENT FORM 2021-2022

Student's Name _____

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

AGE AS OF SEPT. 1ST, 2021 _____ 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 2021-2022 school year.

Please initial the following statements:

_____ I have received a copy of the FBC Rowlett Community Preschool Parental Handbook for the 2021-2022 school year.

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

_____ I agree & understand that tuition is due on the 1st school day of the month.

_____ I agree & understand that if I do not pay my tuition and/or outstanding balance by the 10th 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 _____ Zelle _____

Start Date _____