

# Preschool Registration @ First Baptist Church Tallapoosa

Your child must be the age of the class you are registering for by September 1st.

The registration fee is \$200 check/cash or \$205 if paying online. You may pay online at <https://fbctallapoosa.org/giving.htm> ([www.fbctallapoosa.org](http://www.fbctallapoosa.org), then click on the worship and giving tab) and in the comments/designation field, list PreK registration fee. This fee must be paid at the time of registration. This is a non-refundable fee for the first 14 students. After the first 14 paid applicants, a waitlist will be created.

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## \* Required

1. Child's Full Name \*

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2. What is your child called? \*

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3. Birthdate - must be 3 BY September 1, 2022 \*

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*Example: January 7, 2019*

4. Gender \*

*Mark only one oval.*

Male

Female

5. Home Address (Street AND City AND State AND Zip) \*

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6. Guardian #1 (Name AND Relationship) \*

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7. Guardian #1 Cell # \*

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8. Guardian #2 (Name AND Relationship) \*

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9. Guardian #2 Cell \*

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10. Email address \*

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11. Father's Name AND Birthdate \*

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12. Father's Employer AND Phone Number \*

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13. Mother's Name AND Birthdate \*

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14. Mother's Employer AND Phone Number \*

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15. Parents are \*

Mark only one oval.

Married

Divorced

Separated

Other: \_\_\_\_\_

16. Who has custody? \*

\_\_\_\_\_

17. List Siblings AND birthdates \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Family attends church at (Are you a member there?) \*

\_\_\_\_\_

19. Do you have any concerns about any aspect of your child's development? \*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. What is the method of behavior control used in your home? \*

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21. Has your child attended preschool or daycare before? \*

*Mark only one oval.*

Yes

No

22. What do you hope will be included in your child's preschool program? \*

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23. Health Information: Does your child have problems with vision or hearing? \*

*Mark only one oval.*

Yes

No

Maybe

24. Health Information: Does your child have any food, drug, or environmental allergies, If so, please list. \*

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25. Health Information: Does your child take any regular medication? If so, please list/ \*

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26. Health Information: Are there any special medical, physical, or emotional needs that the school or staff should be aware of? If so, please list. \*

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