Lexington Baptist Preschool
Registration and Application Form for Enrollment
(Registration Fee is Non-Refundable)

School Year 2020-2021_Registration Fee_______Supply Fee __/__/__Cash/Check #________
(To be filled out by Preschool Office)

4's - 4 Day M-Th___ 4's – 3 Day M-W___

3's – 4 Day M-Th___ 3's – 3 Day M-W___ 3's – 2 Day MT ___ WTh ___

2's – 4 Day M-Th ___ 2's - 3 Day M-W___ 2's – 2 Day MT___ WTh __

1's – 2 day MT ___ 1's – 2 day WTh___ 1's – 1 Day M___ T __ W___ Th __

STATEMENT OF FEES

Registration	**Supply**
1 day - $ 80.00	1 year old – $30.00
2 day - $125.00	2 year old - $70.00
3 day - $125.00	3 year old - $70.00
4 day - $125.00	4 year old - $70.00

The supply fee will be divided into 3 payments of $33.00 on, September 1st, January 1st and March 1st

The supply fee may be paid in full at any time.

Tuition

These payments would be due by the 10th of each month, beginning with September 2018 and continuing through May 2019.

1 day classes - $105.00

2 day classes - $150.00

3 day classes - $165.00

4 day classes - $180.00

PERSONAL INFORMATION

Full Legal Name_________________________________Preferred Name__________________Date of Birth___________

Age______Sex______Home Telephone____________________E-mail____

Street:____City:________________State_______________Zip_____

Mother's Full Name_______________________________________Occupation___________________________________

Telephone: (W)___________________(H)_____________________(Cell/Beeper)____________________________

Father's Full Name_______________________________________Occupation___________________________________

Telephone: (W)___________________(H)_____________________(Cell/Beeper)___________________________

If Parents cannot be located, whom may we contact locally in case of an emergency?

Name:_____________________________ Address__________________________________Telep:______________

Name______________________________ Address__________________________________Telep:______________

List brothers and sisters of child:

Name________________________________Age_______: Name____________________________Age_________

Name________________________________Age_______: Name____________________________Age_________

Family's Church Membership____________________________If none, preference________________________________

Does child attend Sunday School? Yes__________No______________

Date Received:_____________

Time Received:_____________

Medical Emergency Instructions:

Doctor__________________Address________________________________Telephone________

I, _________________________________, hereby grant to Lexington Baptist Preschool Staff the right to act on my behalf in case emergency medical treatment is necessary and, if needed, to transport to Lexington Medical Center, by calling 911, to secure the safety and well-being of my child until such time I can be located. I will be responsible for all expenses incurred. If not Lexington Medical Center, where?____.

Parent's signature:____Date:________________________.

Medical Information:

		YES	NO
A.	Does child have allergies? Please Specify:______________________	( )	( )
B.	Is emergency treatment needed for insect bites	( )	( )
C.	Does child reside with both Parents? If no, with whom ______________________	( )	( )

Medical Remarks: Please list anything that would restrict your child's physical ability to participate fully in all part of the program. If you would like, please include food allergies and/or specific medical problems along with daily medications.

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(The LBP staff will not administer medication unless a parent leaves written instructions and medication is in original container.)

Other Remarks: Please list any special instructions which you feel may help the Preschool staff work better with your child:____

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Hours of operation: 8:30am-11:45pm Carpool for 3's and 4's begins at 8:30am and ends at 8:50am

Each child must have a copy of his/her Birth Certificate and Record of Immunization in his/her file before Orientation.