

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

School Year 2021-2022 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	The supply fee will be divided into 3 payments of \$33.00 on, September 1 st , January 1 st and March 1 st .
2 day - \$125.00	2 year old - \$99.00	The supply fee may be paid in full at any time.
3 day - \$125.00	3 year old - \$99.00	
4 day - \$125.00	4 year old - \$99.00	

Tuition

These payments would be due by the 10th of each month, beginning with September 2021 and continuing through May 2022.

1 day classes - \$105.00
 2 day classes - \$155.00
 3 day classes - \$170.00
 4 day classes - \$185.00

PERSONAL INFORMATION

Child's 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) _____

Father's Full Name _____ Occupation _____
 Telephone: (W) _____ (H) _____ (Cell) _____

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 | | | 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.

(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: _____

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.