



Child's shirt size \_\_\_\_\_

2024-2025

FBA Preschool Registration Form

**\*Check or cash only accepted for registration payment**

Babies 6-12 months	1 Yr. Class	Young 2 Yr. Class (Birth month March-August)	Old 2 Yr. Class (Birth month Sept- Feb)	3 Yr. Class (3 day)	3 Yr. Class (4 day)	Pre-K 4
M/W Reg. fee \$195	T/Th Reg. fee \$195	M/W Reg. fee \$195	T/W/Th Reg. fee \$210	T/W/Th Reg. fee \$210	M/T/W/Th Reg. fee \$230	M-F Reg. fee \$250
Ch or Cash	Ch or Cash	Ch or Cash	Ch or Cash	Ch or Cash	Ch or Cash	Ch or Cash

**\*Circle the class your child will be entering**

Child's Full Name \_\_\_\_\_ Name child uses \_\_\_\_\_

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ **Age as of September 1** \_\_\_\_\_

Parent #1 email \_\_\_\_\_ Parent #2 email \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

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

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

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

Child resides with: \_\_\_\_ Both Parents \_\_\_\_ Mom \_\_\_\_ Dad \_\_\_\_ Other, please specify whom \_\_\_\_\_

Marital Status of parents: \_\_\_\_ Single Parent \_\_\_\_ Married Living Together \_\_\_\_ Separated \_\_\_\_ Divorced  
\_\_\_\_ Widow \_\_\_\_ Widower \_\_\_\_ Stepfather \_\_\_\_ Stepmother \_\_\_\_ Grandparent

**If there is a separation or divorce in the family, please complete the section below:**  
 If separated or divorced, with which parent does the child reside \_\_\_\_\_  
 Please describe the custody agreement regarding picking the child up from school:  
 \_\_\_\_\_

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**\*Please note that a copy of the custody papers must be on file in student's permanent record.  
 This child may NOT be released to the following (due to custody arrangements):**  
 \_\_\_\_\_

**Medical Information:**

Name of Pediatrician \_\_\_\_\_ Office Phone \_\_\_\_\_

Any Known Allergies: \_\_\_\_\_



Is your child taking any medication on a regular basis? \_\_\_\_ If yes, please note here: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any health concerns we should be aware of? \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ (Initial here) I hereby give permission for the staff of First Baptist Academy and/or any necessary medical personnel to meet the needs of my child in the event of an emergency.

Does your family have a home church? \_\_\_\_ If so, name of church \_\_\_\_\_

Would you like some information about the First Baptist Church of Covington? \_\_\_\_\_

The following person(s) have my permission to pick up my child from preschool or in the event of an emergency and the parent/guardian cannot be reached. A picture I.D. will be required.

Name	Phone/Cell	Relation to child
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Media Agreement:**

Please check: \_\_\_\_ Yes or \_\_\_\_ No for permission to include address/phone on class list

Please check: \_\_\_\_ Yes or \_\_\_\_ No for permission to use photos of child for use in ads/social media

**I understand that it is the policy of FBA to give no refunds or transfer registration fees.**

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

**Please note upcoming fees and payments:**

- *August*- First month tuition + one time **FACTS service fee** (yearly payment plan \$20 fee, Bi-annually \$30 fee, and monthly payment \$50 fee)
- *September*- Second month tuition + school/curriculum fee (a one-time fee for the year)
- *October through May*- Tuition payment only

***While there are several times throughout the year when school is closed, tuition is based on the number of days throughout the entire school year. The monthly tuition option is for the convenience of our families and is NOT based on the number of days per month that your child attends school.***

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