



[preschool@fbcnn.org](mailto:preschool@fbcnn.org)

12716 Warwick Blvd

Newport News, VA 23606

[www.fbcnnpreschool.org](http://www.fbcnnpreschool.org)

757.930.0911 ext. 222



## Registration Packet 2023-2024 School Year



- 4 Day Morning Program  
Monday-Thursday
- Enrolling 2s, 3s, & 4s



# 2023-2024 School Year Registration Packet

- We're so excited to get your child registered for preschool!
- Please complete all enclosed paperwork and return to First Baptist Preschool with your \$235 nonrefundable registration fee.
- You will be contacted by email to confirm your child's registration for the 2023-2024 school year.



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## STUDENT APPLICATION

Please complete form & return with nonrefundable Registration Fee (\$230)

Child's full name \_\_\_\_\_

Name we should use at school \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Street Address \_\_\_\_\_ Home # ( \_\_\_\_ ) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Parent Name \_\_\_\_\_ Cell # ( \_\_\_\_ ) \_\_\_\_\_ Work # ( \_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Parent Name \_\_\_\_\_ Cell # ( \_\_\_\_ ) \_\_\_\_\_ Work # ( \_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Does your child live with one or both parents? Yes [ \_\_\_\_ ] No [ \_\_\_\_ ] If no, with whom? \_\_\_\_\_

Name and ages of children in family \_\_\_\_\_

Language(s) spoken in the home \_\_\_\_\_

Person(s) picking up this child on a regular basis \_\_\_\_\_

Class Options Check One	Days	Monthly Tuition	Registration Fee
	2 year class – 4 Days	\$235	\$235
	3 year class – 4 Days	\$235	\$235
	4 year class – 4 Days	\$235	\$235

The director of the Preschool will decide, based on space and requests, which classes will be formed.

NAME OF CHILD \_\_\_\_\_

How did you learn about First Baptist Preschool? \_\_\_\_\_

If by personal reference,  
Name of person who referred you \_\_\_\_\_

**EMERGENCY CONTACTS & PERSONS AUTHORIZED FOR PICK UP - YOU MUST LIST AT LEAST ONE EMERGENCY CONTACT- IF NOT, WE ARE REQUIRED TO CALL C.P.S. IF WE CANNOT REACH A PARENT.**

The following people are authorized to pick up my child at First Baptist Preschool and may be called for emergencies or illness:

	Name	Relationship	Telephone
1.	_____		
2.	_____		
3.	_____		
4.	_____		

**MEDICAL INFORMATION** – Please discuss all special health needs with the Director before completing the registration process.

Yes [ \_\_\_\_ ] No [ \_\_\_\_ ] I need to complete a health form for my child as they will require medication to be kept at school.

Does your child have any allergies? \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_

### EMERGENCY AGREEMENT

It is the policy of First Baptist Preschool to contact parents of a child regarding medical treatment when their child is seriously injured or becomes seriously ill and requires immediate attention by a physician. If we are unable to contact either parent or the emergency contacts provided by you, the following information is necessary:

1. The name of the Child's physician is \_\_\_\_\_
2. The address is \_\_\_\_\_
3. The telephone number is \_\_\_\_\_

I/We hereby authorize medical treatment for our child if he or she gets seriously injured or becomes seriously ill while at school or on excursions. When deemed necessary by the teacher in charge, we give consent to have our child taken to the nearest hospital or to a hospital designated by emergency personnel or by ambulance personnel. I/We understand that a First Baptist Preschool staff member will remain with the child until the parent or parent's designee assumes responsibility for the child's care. I/We will be responsible for any resultant expense.

1. Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child's Medical Insurance Carrier \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Membership Number \_\_\_\_\_

Effective Date \_\_\_\_\_ Date of Expiration \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_

I/WE HEREBY AGREE AND CONSENT TO THE FOLLOWING:

**PERMISSION TO PHOTOGRAPH/VIDEOTAPE**

I/We hereby give permission to the First Baptist Preschool, including its teachers and staff, and First Baptist Church Newport News to photograph and/or videotape my child during classroom/playground activities, preschool events, and excursions. I/We give permission to FBP and FBCNN to use my child's photograph/videotape image in their websites, brochures, advertisements, FBP newsletter, etc. I/We give permission for FBP and FBCNN to continue to use my child's image even after he/she is no longer enrolled at FBP, unless I/we specifically revoke this permission in writing.

**FINANCIAL AGREEMENT**

I/We hereby agree to make tuition payments, monthly and in advance, by the first of each month. I/We agree to pay a \$50 late fee if payment is not made by the 8<sup>th</sup> day of the month. I/We acknowledge and accept that there are no refunds or credits for temporary absences due to personal vacation, school vacations, illness, suspension, dismissal and withdrawal. I/We agree to be financially responsible for the payment of all tuition and late fees, and acknowledge and accept that no exceptions will be made. I/We agree to use acceptable forms of payment including cash, check, money order or Paypal. If using Paypal, I/We agree to pay a service fee per transaction.

If the Preschool is closed for any emergency (natural disaster, manmade disaster, epidemic, etc.) the Preschool Board will determine a course of action to address the financial impact of the closure on families. After a determination is made, it will be disseminated to Preschool families within 24 business hours, circumstances permitting. Potential effects may include but are not limited to:

- Prorated or refunded tuition for families for closure days in current month
- Extended or added makeup days to the school calendar for the current year for closure days

If the preschool remains closed, families will NOT be charged for the months after the closure. FBP will not provide virtual learning to students.

FBP Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_