

2026-2027 School Year Registration Packet



- Please complete all enclosed paperwork and return to First Baptist Preschool with your nonrefundable registration fee.
- Classes of 14 are filled in order of registration. Additional registrants will be added to our waitlist.
- Preschool tours by appointment only.
- You will be contacted by email to confirm your child's registration for the 2026-2027 school year.



preschool@fbcnn.org

12716 Warwick Blvd

Newport News, VA 23606

www.fbcnnpreschool.org

757.930.0901





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STUDENT APPLICATION

Please complete form & return with nonrefundable Registration Fee

Child's full name _____

Name we should use at school _____ Date of Birth ____ / ____ / ____

Child's Ethnicity _____

Street Address _____

City, State, Zip _____

Parent Name _____ Cell # (____) _____ Work # (____) _____

Email Address _____

Occupation _____ Employer _____

Parent Name _____ Cell # (____) _____ Work # (____) _____

Email Address _____

Occupation _____ Employer _____

Name and ages of children in family _____

Language(s) spoken in the home _____

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

Who lives in the home with the student? _____

Name of any previous early childhood centers. _____

Class Options Check One	Class	Monthly Tuition	Registration Fee
	2 yr old Preschool Class	\$325	\$325
	3 yr old Preschool Class	\$300	\$300
	4 yr old Preschool Class	\$300	\$300

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. Our staff has limited training and resources at our disposal to include children with special needs. Discussing all the details about your child’s medical history will help you make a careful decision about whether our preschool can effectively serve your child’s medical needs. Answering yes does not exclude your child from our program. It does however, allow us to have a conversation about whether our program is the right fit for your child.

Yes [___] No [___] Has your child previously attended physical therapy, occupational therapy and/or speech therapy? If yes, please circle appropriate answer.

Yes [___] No [___] Has your child been referred to physical therapy, occupational therapy and/or speech therapy? If yes, please circle appropriate answer.

Yes [___] No [___] Is your child currently attending physical therapy, occupational therapy and/or speech therapy? If yes, please circle appropriate answer.

Yes [___] No [___] Has your child been referred for an IEP evaluation, or currently have an IEP?

Yes [___] No [___] Was your child born premature? If yes, how many weeks? _____

Yes [___] No [___] Has your child had any surgeries? Please explain: _____

NAME OF CHILD _____

Yes [___] No [___] Does your child have any other physical health or medical needs that we need to be aware of to best serve your child. Please explain: _____

Does your child have any allergies diagnosed by a physician? _____

Yes [___] No [___] I need to complete a health form for my child as they will require emergency medication to be kept at school. Please note: Epi-Pen and Inhalers are the only medications we are trained to administer.

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 \$20 late fee if payment is not made by the 8th 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 _____