



ABC Preschool at Amelia Baptist Church  
 Registration Form  
 September 2011-May 2012

ABC Preschool works on a first come, first serve enrollment basis. If the class your child wishes to be enrolled in is full, their name will be placed on a waiting list. **In-house registration runs from Monday 3/14/11 though Friday 3/18/2011. Spaces are limited. Please make certain to secure your child's space for the upcoming year before public registration begins on Monday, 3/21/11.**

Requirements for registration:

1. One completed form per student.
2. Registration Fee of \$50.00 for the first child and \$25.00 per each additional child.(Nonrefundable)
3. Copy of student's birth certificate. (If not currently enrolled.)
4. State of Virginia School Entrance Health Form, within the last year, due within the first week of school. (If a problem arises, please make arrangements with the Director.)

*ABC Preschool will work with parents to meet the needs of a child whenever possible. However, ABC Preschool reserves the right to refuse enrollment to any student, or withdraw any student after enrollment, if it is determined by the ABC Preschool Board the school does not have the resources available to meet the needs of the child. The decision of the ABC Preschool Board is final.*

**Child's Name** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please check which class you desire your child to attend. **Your child needs to be the age of the class by September 30<sup>th</sup> of the school year.**

- Two-Year-Old Class Wednesday/Friday 8:30am to 12:00pm  
 Three-Year-Old Class Monday/Wednesday/Friday 8:30am to 12:00pm  
 Junior Kindergarten Class (Four-Year-Olds) Monday/Wednesday/Friday 8:30am to 12:00pm

Please list the best Email Contact to provide updates and reminders (for Preschool use only):

Email Address: \_\_\_\_\_ Email Account Holder Name: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

Are you interested in a church official contacting you with information about Amelia Baptist Church and its programs? Yes No

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Office Use	Date _____
Registration Fee _____	ck# _____ cash _____ rcpt. issued _____
Supply Fee _____	ck# _____ cash _____ rcpt issued _____
Tuition _____ Month _____, Year _____	ck# _____ cash _____ rcpt issued _____

# ABC Preschool Student Information

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Address: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Business: \_\_\_\_\_

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Address: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Business: \_\_\_\_\_

Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Home Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

Please list anyone authorized to pick up your child: \_\_\_\_\_

\_\_\_\_\_

Please list anyone **not authorized** to pick up your child: \_\_\_\_\_

Allergies: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Specialist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone#: \_\_\_\_\_

Medication and Dosage: \_\_\_\_\_

\_\_\_\_\_

Does your child have any special requirements or special needs or delays that have been diagnosed by a pediatrician or other professional? Yes No If "Yes", please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child has had preschool experience: Yes No

If so, please list when and where: \_\_\_\_\_

What are your academic expectations for your child? \_\_\_\_\_

\_\_\_\_\_

Please list any other helpful information we should know about your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_