

**First Baptist Kid's Care
2026-2027 Registration Form**

Child's Full Name: _____

Age: _____
(In August)

Child's Birthday: _____
(Month-date-year)

Both Parents' Name: _____

Address: _____

Primary Number: _____

Email Address: _____

Secondary Number: _____

May we text these number: _____

Preschool Use Only

Class: _____ 2-Year-Old _____ 3-Year-Old _____ 4-Year-Old _____ 5-Year-Old

Hours Attending: _____ Preschool (8:30am-12pm) _____ Extended (7am-5pm)

Day Attending: _____ 3 Days (M/W/F) _____ 5 Days (M/T/W/T/F)

Monthly Fee: _____ \$250(3 day/pre) _____ \$620(3 day/ext)
_____ \$315(5 day/pre) _____ \$740(5 day/ext)

Registration Fee: _____ Supply Fee: _____ Scholastic Fee: _____

Total Paid

(Payment type and check #)