

**APPLICATION - FIRST BAPTIST- ROSWELL**  
**MMO/PRESCHOOL/KINDERGARTEN/PRE-FIRST**

Registration Fee (Nonrefundable): \$100.00 (second child - \$75) – All ages and classes

A thirty (30) day notice must be given upon withdrawing your child or a month's tuition must be paid.

**CIRCLE ONE:** MMO - 2 Days (T/Th) 3 Days (MWF) 4 Days (T-F) 5 Days  
2 Year- 2 Days (T/Th) 3 Days (MWF) 4 Days (T-F) 5 Days  
3 Year - 2 Days (T/Th) 3 Days (MWF) 4 Days (T-F) 5 Days  
4 Year - 3 Days (MWF) 4 Days (T-F) 5 Days  
Kindergarten  
Pre-First

Applicant \_\_\_\_\_ M\_\_F\_\_  
Last Name First Name Name Called

Home Address \_\_\_\_\_  
Street City Zip Code

\_\_\_\_\_ Date of Birth Home Phone Email Address

IN CASE OF EMERGENCY, please call \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Parents Status: ( ) Married ( ) Divorced ( ) Separated  
Deceased ( ) Mother ( ) Father

If student lives with anyone other than parents, explain \_\_\_\_\_  
\_\_\_\_\_

Brother and sister 18 years of age and under:  
Birth Date \_\_\_\_\_ Birth Date \_\_\_\_\_  
Birth Date \_\_\_\_\_ Birth Date \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
(Please get a Health Form with your child's immunization record from your child's doctor. This is a state law and this form must be on file.)

Please list any allergies or handicaps your child has:  
Allergies: \_\_\_\_\_  
Handicaps: \_\_\_\_\_

Church Membership or Affiliation \_\_\_\_\_

First Baptist Roswell Kindergarten has my permission to print my child's name, phone number, email and address in the school directory. First Baptist Kindergarten also has my permission to use my child's photograph (only) on their website.

Signature: \_\_\_\_\_