

Please do not write teacher preferences on the front of this form. Turn over and write on the back.

(Registration# \_\_\_\_\_)

## First Friends Preschool at TBC Registration Form 2026-2027

Student's Name: \_\_\_\_\_ Sex: Male Female

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ E Mail Address: \_\_\_\_\_

Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (Placement is based on child's age on September 1)

T-shirt size: \_\_\_\_\_ Small (6-8) \_\_\_\_\_ Medium (10-12)

Name on Backpack Tag: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work \_\_\_\_\_

Do you have a church home? No Yes Where? \_\_\_\_\_

List any allergies your child has: \_\_\_\_\_

Circle your choice:

**Kindergarten class**

**Preschool (age 3) or PreK (age 4)/Age on Sept 1**

Monday/Tuesday/Wednesday/Thursday/Friday

Tuesday/Wednesday/Thursday

8:30-12:00

8:30 – 11:30 am

\$345.00 per month

\$210.00 per month

I am interested in extended care for my child: Tuesday Wednesday Thursday

11:30am-2:30pm

(Circle day /days)

1 day week/\$42 month

2 days week/\$84 month

I will definitely need extended care \_\_\_\_\_

3 days week/\$126 month

I might need extended care \_\_\_\_\_

Parent's signature \_\_\_\_\_

Date: \_\_\_\_\_

**Please attach a \$100 non-refundable registration fee to hold your child's space in the class.**

**All children must be potty trained & self-sufficient in restroom hygiene (no pull-ups) to attend preschool.**