

Fern Creek Baptist Child Development Center
5920 Bardstown Road • Louisville, KY • 40291 • (502) 239-8952

2024 - 2025 Preschool Application

Child's Name: _____

Name of parent completing this application: _____

Phone # of parent completing this application: _____

Preschool Session Desired (please check one box)

Program:

| | | |
|---|---------------------------|-------------|
| <input type="checkbox"/> 2-Year-Old Two Day Preschool Program | Tuesday, Thursday | \$180/month |
| <input type="checkbox"/> 3-Year-Old Two Day Preschool Program | Tuesday, Thursday | \$180/month |
| <input type="checkbox"/> 4-Year-Old Three Day Preschool Program | Monday, Wednesday, Friday | \$270/month |

Nonrefundable Reservation Fee of \$100

Each application must include a \$100 non-refundable reservation fee in order for the application to be processed. No reservations will be made before the reservation has been received.

Please make checks payable to Fern Creek Baptist CDC.

Parent Signature _____ Date _____

Current Immunization Certificate

All applicants must submit a copy of a current immunization certificate with their application.

Family Information

Child's Name: _____

Mailing Address: _____

(City) _____ (State) _____ (Zip) _____

Home phone: _____ Date of Birth: _____ Sex M F

E-Mail address _____

Mother's name: _____ Cell phone: _____

Father's name: _____ Cell phone: _____

Persons to call in the event parents cannot be reached:

Name: _____ Phone #1: _____ Phone #2: _____

Name: _____ Phone #1: _____ Phone #2: _____

Child's Physician: _____

Child's General Health: _____

Allergies: _____

Church Affiliation: _____

Has your child ever attended preschool? N Y Where: _____

Additional Information: _____

Office use only

Res. Fee Received. **Ck. #** _____ **Amt.** _____ **Date Received.**