

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

Summer 2024 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: | Days in Session: | Rates: |
|---|-------------------------|---------------|
| <input type="checkbox"/> 2-Year-Old Two Day Preschool Program | Tuesday, Thursday | \$275 |
| <input type="checkbox"/> 3-Year-Old Two Day Preschool Program | Tuesday, Thursday | \$275 |
| <input type="checkbox"/> 4-Year-Old Two Day Preschool Program | Tuesday, Thursday | \$275 |

Nonrefundable Reservation Fee of \$50

Each application must include a \$50 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. All current students may use their immunization certificate that is on file, as long as it is up to date.

Family Information

Child's Name: _____

Mailing Address: _____

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

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

Email 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 Rcvd. Ck. # _____ Amt. _____ Date Rcvd. _____