



**FBCMI Academy  
2019-2020 PRESCHOOL Registration Form**

**Preschool Tuition: 2K, 3K, 4K, 5K - \$2,500.00 per year or \$250.00 per month  
Registration and Materials Fee - \$250.00 (yearly, non-refundable)**

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Current Age** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Father's Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Mother's Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Church:** \_\_\_\_\_

**I/we understand that school tuition is due the 1<sup>st</sup> of each month. After the 5<sup>th</sup> of the month a late fee of \$20.00 will be added to my account. Please complete all enclosed forms and return with the non-refundable registration fee along with a copy of your child's updated Immunization Form from your child's pediatrician as well as his/her birth certificate.**

**Father's Signature** \_\_\_\_\_

**Mother's Signature** \_\_\_\_\_



**FBCMI Academy  
2019-2020 Parent Authorization Form**

**Child's Name:** \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP MY CHILD:**

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ILLNESS:**

I understand that FBCMI Academy does not provide care for sick children and cannot administer prescription or non-prescription medications. Upon being contacted, I understand that I must make arrangements for my sick child to be picked up as soon as possible.

**Parent Signature:** \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT:**

I give FBCMI Academy's Staff permission to obtain emergency medical treatment for my child if needed.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FIELD TRIPS:**

I give permission for my child to attend field trips with FBCMI Academy.

**Parent Signature:** \_\_\_\_\_



**2019-2020 FBCMI Academy Student Emergency File**

**Name of Child:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Name of Parent or Guardian:** \_\_\_\_\_

**In Case of Emergency Contact:**

Name	Relationship	Cell
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Name	Relationship	Cell
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**Physician's Information:**

Name	Phone
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**Dentist's Information:**

Name	Phone
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Should your child suffer from a serious injury and needs to be transported by Emergency Medical Personnel to the nearest hospital, do you give your permission for such transport and agree to pay for the expenses incurred?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If No, please explain: \_\_\_\_\_

**\*\*\*Known allergies, asthma, diabetes, epilepsy etc. or special condition\*\*\***

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I certify that to the best of my knowledge \_\_\_\_\_ is in good mental and physical health to participate in FBCMI Academy.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_