### Fern Creek Baptist Child Development Center

5920 Bardstown Road • Louisville, KY • 40291 • (502) 239-8952

# **Summer 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:	Days in Session:	Rates:
☐ 2-Year-Old Two Day Preschool Program	Tuesday, Thursday	\$275
☐ 3-Year-Old Two Day Preschool Program	Tuesday, Thursday	\$275
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 SignatureDateDate
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### 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:						
	(State)					
Home Phone:	Date of Birth:		_ Sex M 🗖	F 🗖		
Email Address						
Mother's Name:						
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 presch	nool? N 🗖 Y 🗖 Where: _					
Additional Information:						
	Office use only					
Res. Fee Rcvd. Ck. #	Amt	Date Rcvd.				