

my 
first school

A Ministry of First Baptist Church of Aurora
2010-2011 REGISTRATION FORM
(Please print clearly)

Child's Last Name _____ First Name _____

Birth Date _____ Age _____ Gender _____ Preferred Name _____

Address _____ City _____

State _____ Zip _____ Email Address _____

Mother's Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

Father's Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

Does your child have any fears that they teacher should know about? _____

Does your child have any special needs? (ex. visual, speech, hearing, motor coordination, emotional, behavioral, allergies)

If so, please explain _____

Has your child gone to preschool or day care before? _____ If so, where? _____

How did you learn about My First School? _____

NOTE: ALL STUDENTS, EXCEPT FOR THE 2'S & 3'S CLASSES ARE REQUIRED TO BE TOILET TRAINED.

Parent or Guardian signature _____ Date _____

A deposit of one month's tuition is required at registration. This deposit will be applied to your May tuition. Please include with this form the non-refundable, registration fee of \$60.00 and the one month tuition deposit.

Check # _____ Check Amount _____ Cash Amount _____

Received by: _____