



PRESCHOOL APPLICATION FOR ENROLLMENT

School Year _____ - _____

New Student Returning Student

STUDENT INFORMATION

_____ Last Name _____ First Name _____ MI _____ Name Student Prefers

Male Female Date of Birth ___ / ___ / ___

K-3 Full day _____ Tues & Thurs _____ Mon, Wed, Fri _____ Monday through Friday

K-4 Full day _____ Tues & Thurs _____ Mon, Wed, Fri _____ Monday through Friday

Ethnicity:* African American Arabic Asian Caucasian Hispanic Indian Decline to identify
*Pursuant to the Internal Revenue Service (IRS) regulations, Fairfax Baptist Temple Academy is required to file an Annual Certification of Racial Nondiscrimination (Form 5578). Identification is requested but not required.

Has your child previously attended a preschool or daycare? _____

If yes, name of school/city/state/phone:

_____ Preschool/Day Care Center _____ City/State _____ Year _____ Phone

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MISSION STATEMENT

Fairfax Baptist Temple Academy exists to partner with parents in developing Christ-like servant leaders by providing excellent spiritual and academic training in a safe, loving, and stimulating environment.

PARENT/GUARDIAN INFORMATION

Parent One Father Mother Other _____
(Please Specify)

_____ Last Name First Name MI

_____ Street Address City State Zip Code

_____ Home Phone Cell Phone Work Phone E-mail address

_____ Employer Occupation

_____ Current Church Membership Pastor's Name Church Phone

Do you regularly attend your church? Yes No, I attend approximately ____ times a year.

Parent Two Father Mother Other _____
(Please Specify)

_____ Last Name First Name MI

_____ Street Address* City* State* Zip Code*

_____ Home Phone* Cell Phone Work Phone E-mail address*

_____ Employer Occupation

_____ Current Church Membership* Pastor's Name* Church Phone*

Do you regularly attend your church? Yes No, I attend approximately _____ times a year.

** Only necessary to complete if different from Parent One*

AGREEMENT

_____ I give consent for my child(ren)'s name(s) or picture(s) to appear in school publications, including our academy yearbook, newspaper, webpage, or social media. Student names are not used on the webpage or social media.

How did you hear about our school? ____ website ____ flyers ____ drive-by ____ referred by _____

FINANCIAL INFORMATION

**Please indicate who is responsible for all financial obligations to FBTA:

_____	_____	_____	_____
Title	First Name	Last Name	Relationship
_____		_____	_____
Mailing Address		City	State Zip Code
_____	_____	_____	
Home Phone	Cell Phone	Alternate Phone	

Are there any outstanding financial obligations for this student at any other preschool or daycare?

No Yes If yes, please indicate name and address of school: _____

Payments are due on the 5th day of each month, and a late fee is applied to all delinquent accounts on the 15th. If full payment is not received by the last day of the month, the student(s) will not be admitted to school the following school day unless acceptable arrangements have been made with the finance office. Registration and supply fees are non-refundable in whole or in part. A \$100 withdrawal/dismissal processing fee will be applied for withdrawn/dismissed students. Signature below affirms acceptance of all financial and stated guidelines of Fairfax Baptist Temple Academy.

Parent/Guardian's Signature

****NON-REFUNDABLE REGISTRATION FEE MUST ACCOMPANY APPLICATION**

OFFICE USE

Reg. Date _____ Ck# _____ Cash Rec. # _____ \$ _____ AO _____ FO _____

Qualified Discounts: _____