

List other children in family and age:

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Food Allergies: 

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Does your child have any special needs?

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In Case of Emergency, call:

Name & Phone: 

---

Name & Phone: 

---

Child's Doctor: 

---

Doctor Phone: 

---

Class Preference:

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 Caterpillars (4 day, M-Th)

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 Butterfly (4 day, M-Th)

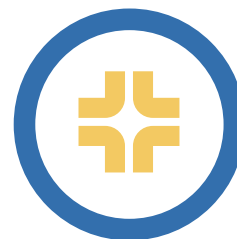
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 Puppy/Kitty PreK (4 day, M-Th)

Please complete this form, detach and return,  
with registration deposit to First Christian Preschool

OFFICE USE ONLY

AMOUNT	CASH/CK#	DATE REC'D	REC'D BY



# First Christian Preschool



## 2024-2025 Registration Form

531 5th Street  
Columbus, IN 47201

812.418.0566  
[www.fccoc.org/preschool](http://www.fccoc.org/preschool)

## Classes & Fees

Registration: \$60 non-refundable deposit

Tuition (amount per month):

Caterpillars (4 day)	\$220
Butterfly (4 day)	\$220
Puppy/Kitty (4 day)	\$220

Classes and days are subject to change  
depending on enrollment.

Extended Care:

Early Morning Hours: 7:45-8:45a - \$5.00/session

\*\*\*There are a few days throughout the  
year that this service is NOT available.

Please check your child's monthly calendar for those days.



First Christian Preschool admits  
students of any race, color,  
nationality or ethnic origins to  
all the rights, privileges, programs,  
and activities generally accorded  
or made available to students  
at the school.

Date: \_\_\_\_\_

☐

Male

☐

Female

Name of Child: \_\_\_\_\_

Name Child should be called at school:

\_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Person(s) with whom child resides (if other than parent)

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

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

Address (if different): \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

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

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

Address (if different): \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

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

Please turn over and complete.