

List other children in family and age:

Food Allergies: _____

Does your child have any special needs?

In Case of Emergency, call:

Name & Phone: _____

Name & Phone: _____

Child's Doctor: _____

Doctor Phone: _____

Class Preference:

_____ Caterpillars (4 day, M-Th)

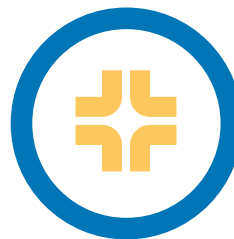
_____ Butterfly (4 day, M-Th)

_____ 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



2025-2026 Registration Form

531 5th Street
Columbus, IN 47201

812.418.0566
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.