



Date Received: \_\_\_\_\_ Registration fee paid by:  Cash  Check # \_\_\_\_\_

**APPLICATION FOR ADMISSION / EMERGENCY CARE AUTHORIZATION**

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  Male  Female

Date of Birth: \_\_\_\_\_ Parents: \_\_\_\_\_  
(child must be 5 by Sept. 30, 2020)

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

Cell #1: \_\_\_\_\_ Cell #2: \_\_\_\_\_

E-Mail 1: \_\_\_\_\_ E-Mail 2: \_\_\_\_\_  
Church Name Denomination

Church Membership: \_\_\_\_\_

Emergency Contact (other than parents):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

List previous school(s) child has attended: \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies or history of health issues \_\_\_\_\_  
Please indicate of NONE

**Please enroll my child for KINDERGARTEN AT Virginia Hills Baptist Church**  
**9 am – 1 pm, Monday – Friday**

- REGISTRATION FEE:** \$150 – Due upon Enrollment, Non-refundable
- DEPOSIT TUITION:** \$500 – Due upon Enrollment, June 2021 Tuition paid in advance
- ACTIVITY/SUPPLY FEE:** \$150 – Due with September 1 Tuition Payment
- MONTHLY TUITION:** \$500 – Due September 1 through May 1

The VHBC Preschool Staff has my permission to obtain emergency medical treatment for my child.

When I cannot be contacted, the VHBC Preschool Staff has my permission to call my family physician or emergency services should a need arise.

I understand that I am enrolling my child for the full 2020-21 School Year (September – June) and the tuition is an annual tuition divided into 10 equal payments. The Registration Fee of \$150 and a Deposit Tuition of \$500 is due upon enrollment and the remaining 9 payments are due on the 1<sup>st</sup> of the months September through May.



Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*THIS FORM MUST BE COMPLETED IN ENTIRETY IN ORDER FOR CHILD TO BE REGISTERED\*\***