



Southport Baptist Weekday Preschool  
Ministry of Southport Baptist Church  
200 N Howe St Southport, NC 28461  
preschool@southportbaptist.org  
910-457-6816 Church 910-547-8299 Director

### 2024-2025 Registration Form

Child's Name: \_\_\_\_\_

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

City \_\_\_\_\_ Zip \_\_\_\_\_

Cell (Mom) Phone: \_\_\_\_\_ Cell (Dad) Phone: \_\_\_\_\_

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

Age of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Church currently Attending: \_\_\_\_\_

### FAMILY INFORMATION

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

Place of Work: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Place of Work: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### EMERGENCY INFORMATION

Please give us the name, address, and phone number of a person who could assume responsibility for your child if the school is unable to contact you. We will try to contact the parents first. Please be VERY accurate with this information.

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**I give permission to Southport Baptist Church Weekday Preschool to meet the needs of my child, \_\_\_\_\_ in case of an emergency.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## AUTHORIZATION TO PICK UP

The following adults have parental authorization to pick up \_\_\_\_\_  
(child) from the SBWP:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## REGISTRATION FEE

**Non-refundable and must be paid to reserve your spot!**

\$190.00 (5 day classes)      \$150.00 ( 3 day class)

*Choose from the following options:*

\_\_\_\_\_ **4-Year-Old Class – 5 Days Week** (Must be 4 years old by Aug. 31,2024)

\_\_\_\_\_ **3-Year-Old Class – 5 Days a Week** (Must be 3 years old by Aug. 31, 2024 and **Potty trained.**)

\_\_\_\_\_ **2-Year-Old Class - 3 Days a Week- Wed, Thurs, Fri** (Must be 2 years old by Aug. 31, 2024)

\_\_\_\_\_ **2-Year-Old Class - 5 Days a Week** (Must be 2 years old by Aug. 31, 2024)

### 9 Monthly Tuition Payments (Sept -May)

5 Days (3 & 4-year olds)      \$300.00 Due on the 1<sup>st</sup> of each month

3 Days (2-year olds)      \$240.00 Due on the 1<sup>st</sup> of each month

5 Days (2-year olds)      \$320.00 Due on the 1<sup>st</sup> of each month

## GENERAL INFORMATION AND FINANCIAL AGREEMENTS

I understand and agree that I am to pay tuition by the 1<sup>st</sup> of each month and that a \$25.00 late fee will be charged for tuition not received by the 10<sup>th</sup> of the month.

1. I will pay the non-refundable registration fee at time of registration.
2. I will provide all medical forms and immunizations records. A physical examination is strongly recommended.

Parent Signature \_\_\_\_\_

Date: \_\_\_\_\_ Registration Received: Ck Cash Amount \_\_\_\_\_ Date: \_\_\_\_\_