



**PARENTS' DAY OUT**  
**FALL 2017 REGISTRATION FORM**  
First Baptist Church of Tucker  
5073 LaVista Road, Tucker, GA 30084  
770.938.1688 ext 230

Child's Name \_\_\_\_\_, \_\_\_\_\_  
(Last) (First)

Birthday \_\_\_\_\_ Please check: Male Female

Parent's Name(s) \_\_\_\_\_ & \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Primary language spoken in home: \_\_\_\_\_

Place of worship you attend: \_\_\_\_\_

*(If you and your children do not currently attend a place of worship, we would love for you to consider the family of faith called First Baptist Tucker.)*

Other children at home:

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

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

Parent #1 Employer: \_\_\_\_\_ Phone \_\_\_\_\_

Parent #2 Employer: \_\_\_\_\_ Phone \_\_\_\_\_

***In Case of Emergency and neither parent can be reached:***

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

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

New Students only - Referred By: \_\_\_\_\_

**PARENTS' DAY OUT  
FALL 2017 REGISTRATION FORM**

*Parents Day Out children may attend our program 1 to 2 days per week. All children must be 6 months or older by September 1, 2017.*

Registration Fee:      \$50/One Day      \$100/Two or More Days

Tuition:                      \$80/One Day      \$145/Two Days

How many days are you enrolling your child?      1 day      2 days

My Choice of days is as follows (*Please rate these using 1 for your 1<sup>st</sup> choice, etc*)

\_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

Children will be grouped by birth date into their classes as much as possible.

You will be notified immediately should your first choice of day(s) not be available.

\_\_\_\_\_ *Please check here if you have another child in preschool and you would like your Parents' Day Out days to coordinate with your preschool days.*

My older child will attend preschool on the following days:

Monday      Tuesday      Wednesday      Thursday      Friday

*I understand that the registration fee is NON-REFUNDABLE.*

Your Signature: \_\_\_\_\_

Name (Please PRINT): \_\_\_\_\_  
(Parent or Legal Guardian)

<b>OFFICE USE ONLY:</b>
-------------------------