

Preschool: Application for Enrollment



SCHOOL YEAR: _____ - _____

New Student Returning Student

Referred by: _____

Date Starting (if after the first day of school) ____/____/____

STUDENT INFORMATION

Last Name First Name MI Name Student Prefers

Male Female Date of Birth: ____/____/____

K-3 Full Day: Tues & Thurs Mon, Wed, Fri Monday through Friday

K-4 Full Day: Tues & Thurs Mon, Wed, Fri Monday through Friday

Ethnicity:* African American Arabic Asian Caucasian Hispanic Indian Decline to identify

**Pursuant to the Internal Revenue Service (IRS) regulations, Fairfax Baptist Temple Academy is required to file an Annual Certification of Racial Nondiscrimination (Form 5578). Identification is requested but not required.*

Has your child previously attended a preschool or daycare? Yes No

If yes, please list school information:

Preschool/Day Care Center City/State Phone Year

Preschool/Day Care Center City/State Phone Year

Preschool/Day Care Center City/State Phone Year

Was your child dismissed from any school for academic or behavioral issues? _____

MISSION STATEMENT

Fairfax Baptist Temple Academy exists to partner with parents in developing Christ-like servant leaders by providing excellent spiritual and academic training in a safe, loving, and stimulating environment.

How did you hear about our school?

website flyers drive-by referred by _____

Fairfax Baptist Temple Academy

6401 Missionary Lane, Fairfax Station, VA 22039-1859 • phone 703-323-8100 • fax 703-250-8660 • FBTacademy.org

PARENT/GUARDIAN INFORMATION

PARENT ONE Father Mother Other _____
(Please Specify)

Last Name First Name MI

Street Address City State Zip

Home Phone Cell Phone Work Phone Email Address

Employer Occupation

Current Church Membership Pastor's Name Church Phone

Do you regularly attend your church? Yes No, I attend approximately _____ times a year.

PARENT TWO Father Mother Other _____
(Please Specify)

Last Name First Name MI

Street Address City State Zip

Home Phone Cell Phone Work Phone Email Address

Employer Occupation

Current Church Membership Pastor's Name Church Phone

Do you regularly attend your church? Yes No, I attend approximately _____ times a year.

** Only necessary to complete if different from Parent One*

AGREEMENT

I give consent for my child(ren)'s name(s) or picture(s) to appear in school publications, including our academy yearbook, newspaper, webpage, or social media. Student names are not used on the webpage or social media.

FINANCIAL INFORMATION

****Please indicate who is responsible for all financial obligations to FBTA:**

_____	_____	_____	_____
Title	First Name	Last Name	Relationship
_____	_____	_____	_____
Mailing Address	City	State	Zip
_____	_____	_____	_____
Home Phone	Cell Phone	Work Phone	Email Address

Are there any outstanding financial obligations for this student at any other preschool or daycare? No Yes

If yes, please indicate name and address of school: _____

Payments are due on the 5th day of each month, and a late fee is applied to all delinquent accounts on the 15th. If full payment is not received by the last day of the month, the student(s) will not be admitted to school the following school day unless acceptable arrangements have been made with the finance office. Registration and supply fees are non-refundable in whole or in part. A \$100 withdrawal/dismissal processing fee will be applied for withdrawn/dismissed students. Signature below affirms acceptance of all financial and stated guidelines of Fairfax Baptist Temple Academy.

Parent/Guardian's Signature Date

****NON-REFUNDABLE REGISTRATION FEE MUST ACCOMPANY APPLICATION**

OFFICE USE					
Reg. Date _____	Ck# _____	Cash Rec. # _____	\$ _____	AO _____	FO _____
Qualified Discounts: _____					