

Springfield Baptist Preschool
400 North Main St.
Springfield, TN 37172
Application Form

Date _____

CHILD'S FULL NAME _____

BIRTH DATE: _____ SEX: _____ NICKNAME _____

FATHER: _____ MOTHER _____
Name Name

Street Street

City State Zip City State Zip

Telephone Telephone

Home Work Home Work

CELL PHONE _____ CELL PHONE _____

Employment _____ Employment _____

Employment Hours: _____ Employment Hours: _____

Church Affiliation: _____

There is a \$75.00 non-refundable registration fee. FEE PAID _____

CLASS DESIRED:

NURSERY SCHOOL

FULL DAY 2 & 3 yr olds

(6:30 AM - 6:00 PM)

_____ 5 days 110.00 weekly

_____ 3 days 85.00 weekly (3, ½ days, \$55) Mon, Tues, Wed

_____ 2 days \$55.00 weekly (2, ½ days, \$40) Thurs, Friday

PRESCHOOL ONLY

(8:00 AM - 11:00 AM)

_____ 5 days \$85.00 weekly

PRE-KINDERGARTEN

FULL DAY

(6:30 AM - 6:00 PM)

_____ 5 days \$110.00 weekly

_____ 5 days \$85.00 weekly

_____ 5 days \$85.00 weekly

PRESCHOOL ONLY

(8:00 AM - 11:30 AM)

_____ 5 days \$85.00 weekly

I agree to pay _____ by the (week, month) for full time.

I agree to pay _____ by the (week, month) for preschool only.

*Nursery school must be two or three by August 30th^h.

*Pre-Kindergarten must be four by August 30th

I understand tuition is due every Monday morning. It is the same amount every week unless notified. For every day it is late there is a \$5 charge added. After 2nd week of non-payment, I will be asked to withdraw my child.

Signature of Responsible Party