

FIRST BAPTIST ACADEMY WAITLIST REGISTRATION

20___-20___ School Year

CHILD INFORMATION

Child's Name:	Nickname:
Home Address:	Grade (school year):
Birth Date:	Age: Sex: Male Female
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PARENT / GUARDIAN INFOR	RMATION
Parent/ Guardian Name:	Marital Status:
Home Address:	Email Address:
Home Phone:	Cell Phone:
Employer:	Work Phone:
Parent/Guardian Name:	Marital Status:
Home Address:	Email Address:
Home Phone:	Cell Phone:
Employer:	Work Phone:
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Important Age Requirement: The child must have	turned five years of age on or before <u>September 1</u> to attend Kindergarten.
Parent / Guardian:	
Signature	Date
*To place your child on our waiting list for admission with the non-refundable fee of \$25.00.	on, this form must be completed, signed and returned to the school office along
Office use only: Waitlist Fee: Administrator Signature 1. Administrator 1. Administrat	enature: Date:
wannsi ree. Administrator Sig	зпиште. Бик.