



P.O. Box 194 • 1985 Mt Zion Rd • Union, KY 41091  
(859) 384-3855 • www.unionbaptistchurch.org

## Preschool Registration Form for School Year 20\_\_ to 20\_\_

Child's Name \_\_\_\_\_ Male ( ) Female ( )

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation / Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation / Employer \_\_\_\_\_

Please list names & ages of siblings:

\_\_\_\_\_

\_\_\_\_\_

Are you a Union Baptist Church member? (If no, church affiliation?) \_\_\_\_\_

\_\_\_\_\_

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### EMERGENCY CONTACTS (other than parents):

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

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

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

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

Doctor's Name \_\_\_\_\_ Office Phone \_\_\_\_\_

\*Allergies or Medical conditions: \_\_\_\_\_

\_\_\_\_\_

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**FEES:** Registration fee (nonrefundable, due at registration): \$40.00

Tuition: Payable monthly = \$150

One time payment for entire school year = \$1,350

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I authorize Union Baptist Church Preschool to obtain emergency medical care  
for my child if necessary.

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

\_\_\_\_\_  
Date