



P.O. Box 194 • 1985 Mt Zion Rd • Union, KY 41091
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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 _____

Email address _____

Mother's Name _____ Cell Phone _____

Occupation / Employer _____

Email address _____

Please list names & ages of siblings:

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

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: _____

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

Tuition: Payable monthly = \$150

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

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

Parent Signature

Date