



## Registration 2024-2025

Child's Name: \_\_\_\_\_ Goes by: \_\_\_\_\_ Gender: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age on 9/1/24: \_\_\_\_\_ Shirt Size: (circle best fit) X-Small (2/4) Small (6/8) Medium (10/12)

Is your child potty trained? (Circle all that apply)

Recognizes need, uses the toilet independently, manages clothes, and has little to no accidents

Allergies/Medical Needs (febrile seizures, asthma, etc.):

\_\_\_\_\_

Does your child have any difficulty in hearing, speech, sight? (If so please explain and list any steps taken to correct issue.)

\_\_\_\_\_

Parent's Name(s): \_\_\_\_\_ Marital Status: \_\_\_\_\_

If divorced, please describe custody arrangements: \_\_\_\_\_ Child resides with: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing: (if different) \_\_\_\_\_

Mom's Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ Work #: \_\_\_\_\_

Dad's Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_ Work #: \_\_\_\_\_

Mom's Cell #: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_ Home #: \_\_\_\_\_

Email Address: (most frequently checked)

Emergency Contact (other than parent) (1) \_\_\_\_\_ Relationship: \_\_\_\_\_ #: \_\_\_\_\_

Emergency Contact (other than parent) (2) \_\_\_\_\_ Relationship: \_\_\_\_\_ #: \_\_\_\_\_

Name of persons, phone number and driver's license number (other than parents to whom we may release your child):

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ DL: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ DL: \_\_\_\_\_

### Choose one:

\_\_\_\_\_ (parent initial) I give my permission for my child to be included in media publications, including HLO website, Facebook page, etc.

\_\_\_\_\_ (parent initial) I **DO NOT** give my permission for my child to be included in media publications.

Has your child attended preschool elsewhere? \_\_\_\_\_ If so, where? \_\_\_\_\_

Does the family attend church? \_\_\_\_\_ If so, where? \_\_\_\_\_

Are you interested in learning more about the other programs and activities of First Baptist Lyman?  
(Circle those you are interested in)

Preschool Department      Children's Department      Youth Department      Adult Classes  
Senior Programs      Recreation/Activities      Spiritual Development      Common Interest  
Small Groups      VBS      Sunday Services/Activities      Wednesday Services/Activities

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Please check the class in which you wish your child to participate.

**Days are subject to change. Classes are based on number of students enrolled. The Director will contact parents during the summer if there are changes.**

Monthly Tuition: (tuition is due September - May)

_____ 12 months	8:00 am - 11:30 am	Monday and Friday	\$160 per month
_____ 2 years old	8:00 am - 11:30 am	Tuesday, Wednesday, Thursday	\$203 per month
_____ 3 years old*	8:00 am - 11:30 am	Tuesday, Wednesday, Thursday	\$203 per month
_____ 3 years old*	8:00 am - 11:30 am	Monday through Friday	\$256 per month
_____ 4 years old**	8:00 am - 11:30 am	Monday through Friday	\$256 per month
_____ Kindergarten	8:00 am - 12:00 pm	Monday through Friday	\$330 per month
_____ Early Drop Off	7:30 am - 8:00 am	Monday through Friday	\$35 per month

\*Children entering the 3s must meet at least 2 of the criteria listed above. Children not fully potty trained by October will be asked to stay home until potty training is complete.

\*\*Children entering the 4s and Kindergarten must be fully potty trained.

Registration fee for all classes is \$200 for the first child. Registration fee for any siblings is \$150.

**Registration fee is non-refundable.**

The registration fee covers classroom supplies, consumable supplies, t-shirt, etc.

**Updated immunizations records and a copy of your child's birth certificate are required for the first day of school.**

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

**"Train up a child in the way he should go,  
and when he is old, he will not turn from it."**

**Proverbs 22:6**

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**Office Use:**

Registration Payment Date \_\_\_\_\_ Check # \_\_\_\_\_ or Cash \_\_\_\_\_ Received by \_\_\_\_\_