



2024-25 School Year Registration Form
Babies and Ones

CSA PRESCHOOL
FIRST BAPTIST CHURCH
123 CHURCH STREET
DECATUR, AL 35601
256-350-9086

FOR OFFICE USE ONLY:

Date Received: _____

Registration Paid: _____

Check #: _____

Registration #: _____

STUDENT INFORMATION

Child's Full Name: _____ Goes by: _____

Address: _____ City: _____ Zip _____

Home Phone: _____ Date of Birth: _____ Gender _____

Name and Age of each child in your family: _____

PARENT INFORMATION

Father's Name: _____

Address: _____ City: _____ Zip _____

Home Phone: _____ Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____ Occupation: _____

Mother's Name: _____

Address: _____ City: _____ Zip _____

Home Phone: _____ Cell Phone: _____ Email: _____

Employer: _____ Work Phone: _____ Occupation: _____

Child lives with: _____

Please check the days and options preferable for your child:

____ Monday, ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

____ Option 1: Preschool (8:30-12:30) ____ Option 2: Extended Day (7-4:30)

____ Option 3: Extra Extended day (7-5:30) additional fee required