



2026-27 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, Wednesday, Friday** _____ **Tuesday, Thursday** _____ **Five Days**

_____ **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**