



## 2026-27 REGISTRATION FORM

First Baptist Church Olive Branch  
9155 Highland Street | Olive Branch, MS 38654 | 662-890-2288

Dear Parents,

We are pleased you have chosen our 4K for your child's education and are looking forward to working with you this year. After reading through this application, if you have any questions or need any additional information, please feel free to contact me!

Attached is an application form for enrollment in our 4K program. All children must be four prior to September 1, 2026. **Please complete this application form and pay the registration fee (more info below) in order to enroll your child.**

You may choose to pay the tuition **in full by August 3, 2026** or you may make **9 monthly payments beginning 8/3/26**. If you choose the monthly payment plan, tuition is due the 15th of each month, beginning August 15 through April 15. **There is a \$10 late fee for all payments received after the 15<sup>th</sup>**. All classes begin Monday, August 24, 2026. The last day of school is Wednesday, May 12, 2027, and graduation is Thursday, May 13, 2027.

In July, all necessary forms needed to complete registration requirements and a supply list will be mailed to you. If you **have not received** your packet by **July 15<sup>th</sup>**, please call me at home. Also, you will be sent a reminder in early August regarding **Open House** which is Tuesday, August 18<sup>th</sup> at 6:30pm.

Sincerely,

**Kim Wilson**

FBCOB 4K Director  
4K@fbcob.org | Office: 662.895.7242 | Cell: 575.693.1398

## REGISTRATION FEES:

\$100 due with registration

- This is non-refundable (unless space is not available).
- All registration checks should be made payable to First Baptist Kindergarten and given to the director, the church office, or mailed to our address.

## TUITION FEES:

Classes	Times	Tuition Rates
3-day (Mon, Wed, Fri)	7:45a – noon	\$225/mo X 9 months = \$ 2,025.00
5-day (Mon – Fri)	7:45a – noon	\$290/mo X 9 months = \$ 2,610.00

- **BE SURE TO MARK YOUR CLASS PREFERENCE ON THE FORM**
  - Mark first and second choice if applicable
- Openings will be filled on a first come basis

Daycare Students (Mon – Fri)	7a – 5:30p	\$190 per week (see more below)
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- Daycare students will be full-time students and your tuition will be paid weekly.
- Your tuition will be paid to the Daycare, but this fee will cover both your 4K tuition AND your Daycare tuition.
- Daycare students will still need to pay the \$100 registration fee directly to the 4K as that money is used to cover 4K costs.

Registration \_\_\_\_\_  
Acceptance \_\_\_\_\_

## 2026-27 STUDENT ENROLLMENT APPLICATION

4K - First Baptist Church Olive Branch  
9155 Highland Street | Olive Branch, MS 38654 | 662-895-7242

3-Day (7:45a – noon) \_\_\_\_\_  
5-Day (7:45a – noon) \_\_\_\_\_  
>> Mark in order of preference 1<sup>st</sup> and 2<sup>nd</sup>

### 1. CHILD

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Name Child Goes By \_\_\_\_\_

### 2. PARENT(S) / LEGAL GUARDIAN(S)

#### MOTHER

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

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

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email \_\_\_\_\_

#### FATHER

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

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

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Email \_\_\_\_\_

### 3. HOME

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Are Parents Living Together? (circle) YES NO

If not, with which parent does the child live? \_\_\_\_\_

If child does not live with parents, as cited, where and with whom does the child live?

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**4. SIBLINGS**

Number of Sisters: Older \_\_\_\_\_ Younger \_\_\_\_\_

Number of Brothers: Older \_\_\_\_\_ Younger \_\_\_\_\_

**5. CHURCH**

Mother's Church \_\_\_\_\_ Member (circle) Yes No

Father's Church \_\_\_\_\_ Member (circle) Yes No

Does your child attend Sunday School regularly? (circle) Yes No

**6. MEDICAL / EMERGENCY**

Who should be notified in case of an emergency? Other than Parent(s)/Guardian(s)

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

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

Doctor to be notified, if occasion should arise:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Does your child have any allergies? (circle) YES NO

If so, please list them \_\_\_\_\_

\_\_\_\_\_

**7. PERMISSIONS**

Complete each of the following sections by INITIALING beside either Yes or No:

• My child may be photographed at FBCOB 4K ..... Yes \_\_\_\_\_ No \_\_\_\_\_

• My child may take approved field trips sponsored by FBCOB 4K ..... Yes \_\_\_\_\_ No \_\_\_\_\_

• FBCOB 4K may give my child emergency medical treatment if needed ..... Yes \_\_\_\_\_ No \_\_\_\_\_