



*Train up a child in the way he should go: and when he is old, he will not depart from it.  
Proverbs 22:6*

## Enrollment Form

Child's Full Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_

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

Address \_\_\_\_\_

E-mail \_\_\_\_\_

### Parents Information

Father \_\_\_\_\_

Mother \_\_\_\_\_

Church Preference \_\_\_\_\_

Church Preference \_\_\_\_\_

Place of Employment \_\_\_\_\_

Place of Employment \_\_\_\_\_

Cell \_\_\_\_\_

Cell \_\_\_\_\_

Person(s) to call in case of emergency, when parents cannot be reached:

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Cell \_\_\_\_\_ Cell \_\_\_\_\_ Cell \_\_\_\_\_

### Child's Habits

Likes: \_\_\_\_\_

Dislikes: \_\_\_\_\_

Favorite pass times: \_\_\_\_\_

Food: \_\_\_\_\_

Ability to play with other children: \_\_\_\_\_

Toilet training: \_\_\_\_\_

Other (specify): \_\_\_\_\_

I hereby authorize this school:

1. To care for my child during the time he or she is at school.
2. To secure emergency medical care for my child in case of inability of the school to reach me.

I agree to pay **\$220.00** per month by the first of each month. After the tenth of the month, a \$10.00 late fee will be incurred.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

**For Office Use Only:**

Deposit Paid: \_\_\_\_\_



## Tuition & Fees

Child's Name \_\_\_\_\_

Primary Email \_\_\_\_\_

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### Tuition:

Tuition is **\$220 per month**, due on the first of every month. There will be a \$10 late fee after the 10th of the month if the payment has not been received.

### Fees:

Registration Fee (due at registration)

Book/Supply Fee (due at back to school meeting)

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## Please choose one:

I will bring cash/check to the church office *(if you choose this, this page is complete)*

I prefer to have tuition drafted out of my bank account *(if you choose this, please continue to fill out this page)*

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### ACH Authorization:

I (we) authorize First Baptist Church of Jennings, LA to electronically debit my (our) account (and, if necessary, electronically credit my (our) account to correct erroneous debits) for processing payments.

I (we) understand that First Baptist Jennings will send a receipt for each transaction and acknowledge that transactions may include late fees, or other fees. I (we) understand we can contact First Baptist Jennings at (337) 824-3271 during business hours to discuss further terms and conditions of any transaction.

I (we) understand that this authorization will remain in full force and effect until I (we) notify First Baptist Jennings in writing, that I (we) wish to revoke this authorization. I (we) understand that First Baptist Jennings requires at least 2 business days prior notice to cancel this authorization.

If the payment is rejected due to Non-Sufficient Funds (NSF), I understand that First Baptist Jennings may attempt to process the transaction again within 30 days, and I agree to an additional \$15 charge for each attempt that is returned due to NSF, which will be initiated as a separate transaction from the authorized payment.

Name on Account: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank City, State: \_\_\_\_\_

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_