

**Application for Lillington Baptist Preschool**

**Lillington Baptist Church**

P. O. Box 670  
Lillington, NC 27546

Telephone  
(910) 893-9151

Office Hours  
9 a.m.- 2 p.m. Mon. -Friday

Child's Name: \_\_\_\_\_ Child's age on 8/31 of upcoming school year: \_\_\_\_\_  
Last First Middle Initial Years Months

Name child goes by: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State & zip: \_\_\_\_\_

Primary Contact Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Lillington Baptist Preschool offers two opportunities for preschool enrollment. We follow the Harnett County Public School System's age admission date policy. Please select the appropriate opportunity that best fits your child.

**Two-day class for 3-year-old students: Registration fee \$100 -Monthly Tuition \$150**

This class meets on Tuesday and Thursday of each week from 8:30 a.m.-11:30 a.m. Each student in the two-day class MUST be 3 years old and FULLY potty trained on or before August 31. If this class best meets the needs of your child, please check here. \_\_\_\_ (You will be asked to remit the \$100 registration fee upon acceptance into the 3-year old program.)

**Three-day class for 4-year-old students: Registration fee \$100 -Monthly Tuition \$175**

This class meets on Monday, Wednesday, and Friday of each week from 8:30 a.m.-11:30 a.m. Each student in the three-day class MUST be 4 years old and FULLY potty trained on or before August 31. If this class best meets the needs of your child, please check here. \_\_\_\_ (You will be asked to remit the \$100 registration fee upon acceptance into the 4-year old program.)

Church Affiliation: \_\_\_\_\_ Are you related to any Lillington Baptist Church members? \_\_\_\_  
If so, please list their name and your relationship: \_\_\_\_\_

Have any of your child's siblings attended LBC Preschool? \_\_\_\_\_ If so, please list their name(s): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*This signature signifies all information provided is true and current. Should any information changes occur, please notify the preschool teacher immediately\**