

**2025-26 School Year Registration Form**  
**Twos, Threes and Pre-K**



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