



Sumrall Baptist  
kindergarten  
P.O. Box 190 \* 169 Center Avenue  
Sumrall, MS 39482  
Phone (601) 758-3814 \* Fax (601) 758-3762  
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## PRE-REGISTRATION FORM 2020 - 2021

Date: \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street or PO Box City, State Zip

E-mail Address: \_\_\_\_\_

School year the child will begin SBK: \_\_\_\_\_

Child's age as of September 1<sup>st</sup> of the year the child will enroll: \_\_\_\_\_

Class preferred: K2 \_\_\_\_\_ K3 \_\_\_\_\_ K4 \_\_\_\_\_ K5 \_\_\_\_\_

First Baptist Church Sumrall, MS church member Yes \_\_\_\_\_ No \_\_\_\_\_

**I understand that completing this pre-registration form DOES NOT assure that my child will be able to attend SBK. I understand that the siblings of students and children of members of Sumrall First Baptist Church are given first opportunity to attend.**

Parent's Signature: \_\_\_\_\_

*"Children are a blessing and a gift from the Lord." Psalm 127:3*