

**Antioch Preschool and Daycare
Preschool Application 2026/2027**

Name of Child: _____
(first and last name you would like them to read and write)

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____

Primary Parent (Guardian) Name: _____

Phone Number: _____ EMAIL: _____

Secondary Parent (Guardian) Name: _____

Phone Number: _____ EMAIL: _____

Preschool Classes (please mark 1st choice and 2nd choice):

_____ Preschool 3-4 AM Class
(Child must be 3 by August 1)
T, TH 8:30-11:30

_____ Preschool 3-4 PM Class
(Child must be 3 by August 1)
T, TH 12:30-3:30

*(A **non-refundable deposit of \$179 is required at enrollment.** This deposit includes an Annual Supply Fee of \$75.00 and one month of tuition which is \$104.00 for our 3-4 classes. This guarantees your child's preschool spot for the 2026-2027 school year.) Please make checks payable to Antioch Bible Church.*

_____ Preschool 4-5 AM Class
(Child must be 4 by August 1)
M, W, F 8:30-11:30

_____ Preschool 4-5 PM Class
(Child must be 4 by August 1)
M, W, F 12:30-3:30

*(A **non-refundable deposit of \$259 is required at enrollment.** This deposit includes an Annual Supply Fee of \$100.00 and one month of tuition which is \$159.00 for our 4-5 classes. This guarantees your child's preschool spot for the 2026-2027 school year.) Please make checks payable to Antioch Bible Church.*

Signature:

Date:

**Please mail or drop off at:
Antioch Bible Church
3007 E US Hwy 50
Washington, IN 47501
PH. 812-254-2651
FAX 812-254-2695**