

# First Baptist Church Preschool Registration Form 2010-2011

Name of Child: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Goes By \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age on August 31 (of this year) \_\_\_\_\_

Street Address \_\_\_\_\_ City, Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Primary E-mail \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Employment \_\_\_\_\_ Mother's Employment \_\_\_\_\_

Father's Business Phone \_\_\_\_\_ Mother's Business Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

In case of emergency and parents cannot be reached, contact (give name, phone numbers, relation to child) \_\_\_\_\_

Are both parents living in the home? \_\_\_\_\_ If not, with whom does the child live? \_\_\_\_\_

List names & ages of siblings \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Child's Dentist \_\_\_\_\_

Hospital preference \_\_\_\_\_

Known allergies \_\_\_\_\_

Has your child had previous experience in preschool? \_\_\_\_\_

Share any information about your child which may be helpful in their experience in group learning \_\_\_\_\_

What experience do you want your child to gain from preschool? \_\_\_\_\_

Does your family attend church? \_\_\_\_\_ Would you like information about First Baptist Church? \_\_\_\_\_

The following people are allowed to pick up my child from Preschool without my written permission. All others will need written permission and proof of identification. List names and relationship to child \_\_\_\_\_

The following people **MAY NOT** pick up my child from Preschool, per court orders. Court orders must accompany this form. List name and relationship to child \_\_\_\_\_

## Class Choice – please check one:

\_\_\_\_\_ **2 year old Tuesday, Wednesday, Thursday - 9:00 a.m.-1:00 p.m.**

\_\_\_\_\_ **3 year old Tuesday, Wednesday, Thursday - 9:00 a.m.-1:00 p.m.**

\_\_\_\_\_ **4 year old Monday, Tuesday, Wednesday, Thursday - 9:00 a.m.-1:00 p.m.**

\_\_\_\_\_ **Transitional Kindergarten Monday, Tuesday, Wednesday, Thursday - 9:00 a.m.-1:00 p.m.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

[ ] Yes [ ] No I am interested in contributing to the Scholarship Program of the Weekday Preschool each month. Please circle one: \$5 \$10 \$\_\_\_\_\_ other.