

Requested Preschool Days	
<input type="checkbox"/> AM	<input type="checkbox"/> Mon
	<input type="checkbox"/> Tue
<input type="checkbox"/> PM	<input type="checkbox"/> Wed
	<input type="checkbox"/> Thu
	<input type="checkbox"/> Fri



Preschool Use Only	Date: / /
	New: _____
	Returning: _____
	Start: / /
	Reg. fee: \$
	_____ chk #: _____
_____ cash	
_____ receipt?	
Initials: _____	

Child's Full/Legal Name: _____
First Middle Last

Nickname or name to be used at Preschool: _____

Age: _____ Sex: M F Birth date: _____

Home Phone #: _____ E-mail address: _____

Address: _____
(No P.O. Box numbers)

(City) (State) (Zip Code)

Female Parent/Guardian that child lives with: _____
 Relationship: _____
 Cell Phone #: _____ Work Phone #: _____
 Place of Employment: _____

Male Parent/Guardian that child lives with: _____
 Relationship: _____
 Cell Phone #: _____ Work Phone #: _____
 Place of Employment: _____

Family Status: Two Parent Family Single Parent Family Blended Family

Brothers/Sisters:
 _____ Age: _____ _____ Age: _____
 _____ Age: _____ _____ Age: _____
 _____ Age: _____ _____ Age: _____

Other Parent/Guardian not living at home with child:
 _____ Relationship: _____
 Is this person involved in the child's life? Actively Somewhat Not at all

Are there custody papers regarding your child? No Yes
 (If they refer to a parent/guardian not being able to pick up a child from school, the papers must be on file in the child's record)

Do you attend church at: First Baptist Elkton First Assembly of God Immaculate Conception Glorious Presence Other: _____ Do not attend at this time _____
**This is for informational purposes only. No child or family will be discriminated against due to religious preference.*

Who may we thank for telling you about our preschool? Newspaper Website Phone Book Friend or Family Member: _____ Other: _____

Medical/Emergency Information

Please list any medical/health conditions your child may have and explain:

How is it to be handled at Preschool? _____

Please list all allergies your child has, the degree to which your child is allergic, what the allergic reactions are and what is to be done if your child should have a reaction. If the allergy involves a food allergy, please write down to what degree your child may or may not have that food. (Ex. Should your child be allergic to apples and it's a mild allergy. While we would not give your child apple juice to drink for snack, is it okay for your child to drink a juice that is a mixed juice with a little bit of apple juice in it such as fruit punch or berry drinks?).

Allergy: _____ Degree of reaction: _____

Reaction: _____

Course of Action: _____

Notes: _____

Allergy: _____ Degree of reaction: _____

Reaction: _____

Course of Action: _____

Notes: _____

Should a problem arise with your child, the teachers will call the parents/guardians the child lives with first. If both parents work, we understand that sometimes it is easier to get hold of one parent/guardian than another. Please list which order you wish to be contacted below:

1. _____ 2. _____

There are also times we may need to call because a child needs to go home immediately such as in the case of illness, a bathroom accident, or because we have cancelled preschool due to inclement weather or a lack of electricity or hot water. Please list your preference below and the order in which you wish us to call your emergency numbers:

Call me first, _____, and I will arrange for someone to pick up my child.

Notify me first, _____, then call my emergency numbers to have my child picked up.

I am unable to pick my child up, please call my emergency numbers.

Emergency numbers (in the order to be called – including a parent's number – who are permitted to take your child home):

1. Name: _____ Relationship: _____
Phone #: _____ Cell #: _____

2. Name: _____ Relationship: _____
Phone #: _____ Cell #: _____

3. Name: _____ Relationship: _____
Phone #: _____ Cell #: _____

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST EMERGENCY ROOM. Your signature authorizes the responsible person at First Baptist Church Preschool to have your child transported to the hospital.

Child's Name: _____

Parent/Guardian Signature: _____ Date: / /

In case of above emergency, please list the following information:

Child's Doctor: _____

Phone #: _____

My child **does not** have health insurance coverage

My child **does** have health insurance coverage

Insurance: _____

Current medications your child is taking on a regular basis:

Does your child attend a daycare? Yes No

If yes, will the daycare provider be dropping off and/or picking up your child?

dropping off picking up both

Day Care Provider's Name: _____

Day Care Provider's Address: _____

(No P.O. Box numbers)

(City)

(State)

(Zip)

Day Care Provider's Phone #: _____

On the following lines, please list *any* concerns you may have about your child that you would like the Preschool staff to be aware of or that we can help you watch for (whether medical, health, behavioral, etc.):

What is your main purpose for sending your child to preschool? (Check all that apply).

- social skills academic skills play day child care biblical teaching
 other _____

What strengths do you think your child has/what special abilities/what does your child do well? _____

What weaknesses do you think your child has/what problems does your child seem to have/what does not come easily to your child? _____

Any other comments you would like us to be aware of? _____
