

Explore my world...expand my mind...experience Jesus... Watch me grow!

Child's Name	Birthdate//
Name your child prefers to be called	Male Female
Class Age level 12_34K	Preference of class days M/WT/RM-R
Address	
	Family email
•••••	
Father/Guardian's Name	
Occupation	Place of Employment
Cell #	Work #
Father's Email Address	
Mother/Guardian's Name	
Occupation	Place of Employment
Cell #	Work#
Mother's Email Address	
Please list the person you wish to during the school day.	be contacted first in the case a question or concern arises
Name	best #
How did you learn about the Learning Center?	
	referred you to the Learning Center please let us know their name

Does your child have any allergies/medical conditions we should be aware of? Please explain:		
What are some of your child's interests?		
With whom does your child regularly play?		
Please list other adults that play an important role in your child's life.		
How does your child express their emotions at home?		
What do you see as your child's strengths?		
What do you see as your child's challenges as they enter school this year?		
Does your child enjoy being read to? YN		
What are some of your child's favorite books?		
Does your child try to read books, signs, or label?		
Does your child have a regularly scheduled bedtime? Y_N_ If so what time?		
Has your child had any formal evaluations that have required speech, physical, behavioral, or occupational therapy? Please explain.		

What other programs/experience, has your child been involved with? (i.e. daycare, dance, church, babysitters, etc.)
Are you or your family members of First Baptist Church? Yes No
Does your family attend church elsewhere? Yes No
If so where?
Please include below any additional information that will ensure a successful year for your child and family.