PRESCHOOL PROGAM

First Baptist Church
731-645-5326

Child's Name _____ Sex _____
First Middle Last
Name child prefers to be called _____
Birth Date _____ Age _____ Years _____ Months_____
PARENTS
Mothers Name _____
911 Address _____ Home Phone _____
_____
City State Zip Code
Where Employed _____
Work Phone _____ Work Hours _____
Father's Name_____
911 Address _____ Home Phone _____
_____
City State Zip Code
Where Employed _____
Work Phone _____ Work Hours _____
If parents are divorced, which parent has custody of child? _____
A deposit of **$100.00 (non-refundable)** must accompany this enrollment form.

Signature of Parent _____ Date _____

EMERGENCY INFORMATION

Person(s) to contact if parents are unavailable

Child's Name _____ Date of Birth _____
Mother _____ Home Phone _____ Work Phone _____
Father _____ Home Phone _____ Work Phone _____

Person(s) to contact if parents are unavailable

Name #1 _____ Relationship to Child _____
Address _____ Phone No. _____
Name #2 _____ Relationship to Child _____
Address _____ Phone No. _____

Child's Physician _____ Phone No. _____
Address _____

In the event that I cannot be reached, I hereby give my permission for my child to receive any necessary emergency medical care or treatment. I understand that every effort will be made to contact me or my spouse before such action is taken. I will be responsible for the payment for such care of treatment.

Signature of Parent _____ Date _____

Child Health and Personal Information

Does your child have allergies? _____ If yes to what? _____
Has the child been to a dentist? _____ Has the child's vision been tested? _____
Has the child's hearing been tested? _____ Does the child have a speech problem? _____

Brothers and Sisters of Child

Name _____ Age _____ Grade in School _____
Name _____ Age _____ Grade in School _____
Name _____ Age _____ Grade in School _____

Other members of the household, other than parents and siblings (include relationship and age)

_____

_____

Does the child have their own room? _____ If not, with whom do they share a room? _____
Has the child had group play experience? _____ Where? _____
Does the child have neighborhood playmates? _____ Specify _____

_____

_____

When and with whom does the child watch TV? _____

_____

Does the child prefer to play alone? _____, with playmates? _____, with siblings _____, or with adults _____
Does the child have imaginary playmates? _____
What pets does the child have? _____
What are the child's favorite indoor activities? _____

_____

List some of the child's favorite toys, play equipment and books _____

_____

Is the child right or left- handed? _____
Would you classify the child as a good _____ average _____ poor _____ eater?
Does the child feed himself or herself? _____ Wait to be fed? _____
Does the child nap during the day? _____ When? _____
Can the child decide when to go to the bathroom or is a reminder needed? _____
Does the child have any problems we should be aware of? _____

_____

_____

Are there any special family circumstances which may be a factor in your child's present behavior? (divorce, death, new baby, recent move, hospitalization, etc.) _____

_____

_____

What, if any, concerns do you have about your child's present behavior? _____

_____

_____

What are you doing about those concerns? _____

_____

_____

In what ways would you like to see your child develop during this year in our program? _____

_____

_____

Please add any comments that you feel will help us know your child better. Thank you very much for your help and entrusting your child in our care. _____
_____
_____
_____
_____

_____
Date Signature

Pick-Up Permission Form

I hereby give permission for my child, _____,
to leave First Baptist Church Preschool Program with the following person(s) named below. It is my responsibility to notify the center in writing of any changes to this permission.

Name **Relationship**

_____
_____
_____

_____ _____
Date Signature of Parent or Guardian

If there is a separation or divorce custody problem of which we should be aware, please explain _____
_____
_____
_____
_____
_____

Names of person(s) who may **NOT** pick up the child _____
_____
_____
_____
_____

First Baptist Church Selmer
310 West Court Avenue
Selmer, TN 38375
731-645-5326

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