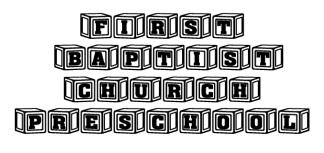
Requested Preschool Days		
AM	Mon Tue Wed Thu Fri	



e Only	Date: / / New: Returning:
ool Usa	Start: / /
Preschool Use	Reg. fee: \$ ck #: cash receipt? Initials:

## **Enrollment Application**

Print and return to FBC Elkton Preschool

Child's Name:			
Nickname or name to be use	ed at Preschool:		
Age	Sex	Birth date:	
Address:			
Parent / Guardian			
Relationship (if not parent) _			
Phone	Email		
Relationship (if not parent) _ Phone	Email		
Family Status: □Two Parer	nt Family ∟ Single	e Parent Family 🔲 Blended Fan	nily
Sibling	Age	Sibling	_ Age
Sibling	Age	Sibling	_ Age
Relationship		 es □Actively □Somewhat	
Church you attend			
How did you hear about us?			

## MEDICAL/EMERGENCY INFORMATION

## MEDICAL INFORMATION

Child's medical and/or health conditions the	school may need to know about:
	MERGENCY CONTACT
In order of preference:	
1. Name	Relationship
Phone	
	Relationship
Phone	
	Relationship
Phone	
In EMERGENCIES requiring immediate media	MERGENCY RELEASE cal attention, your child will be taken to the NEAREST zes the responsible person at First Baptist Church Preschool al.
Child's Name:	
Parent/Guardian Signature	Date
In case of above emergency, please list the f	ollowing information:
Child's Doctor	Phone
Health Insurance	

## **SURVEY**

What is your main purpose for sending your child to preschool? (Check all that apply).				
☐ Biblical teaching ☐ Social skills ☐ Academic skills ☐ Play day ☐ Child care ☐ Other				
What does your child do well? Strengths, special abilities, etc.				
What does not come easily to your child?				
Any other things you would like us to know about your child?				