

Requested Preschool Days

\_\_ AM      \_\_ Mon  
 \_\_ Tue  
 \_\_ Wed  
 \_\_ Thu  
 \_\_ Fri



Preschool Use Only

Date: / /  
 New: \_\_\_\_\_  
 Returning: \_\_\_\_\_  
 Start: / /

Reg. fee: \$  
 \_\_ ck #: \_\_\_\_\_  
 \_\_ cash \_\_ receipt?  
 Initials: \_\_\_\_\_

Enrollment Application

*Print and return to FBC Elkton Preschool*

Child's Name: \_\_\_\_\_

Nickname or name to be used at Preschool: \_\_\_\_\_

Age \_\_\_\_\_ Sex  M  F Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

Parent / Guardian \_\_\_\_\_

Relationship (if not parent) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent / Guardian \_\_\_\_\_

Relationship (if not parent) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Family Status:  Two Parent Family  Single Parent Family  Blended Family

Sibling \_\_\_\_\_ Age \_\_\_\_\_ Sibling \_\_\_\_\_ Age \_\_\_\_\_

Sibling \_\_\_\_\_ Age \_\_\_\_\_ Sibling \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian not living at home with child \_\_\_\_\_

Relationship \_\_\_\_\_

Is this person involved in the child's life?  Yes  Actively  Somewhat  No

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:

\_\_\_\_\_

\_\_\_\_\_

Medications \_\_\_\_\_

\_\_\_\_\_

Instructions \_\_\_\_\_

\_\_\_\_\_

Allergy \_\_\_\_\_

\_\_\_\_\_

Instructions \_\_\_\_\_

\_\_\_\_\_

Allergy \_\_\_\_\_

\_\_\_\_\_

Instructions \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT**

In order of preference:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_

**EMERGENCY RELEASE**

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 \_\_\_\_\_

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.

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What does not come easily to your child?

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Any other things you would like us to know about your child?

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