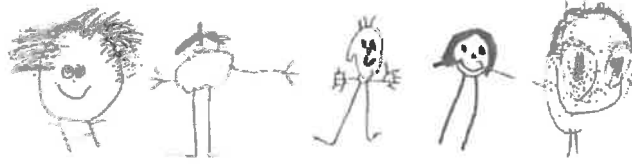


First Baptist Weekday School



Child's name: _____

First

Middle

Last

Height: _____

Weight: _____

Hair color: _____

Eye color: _____

Please place a recent photo of your child below. Thank you!

Personal and Family Information

Child's name: _____

First

Middle

Last

Name to be used at school: _____

Address: _____

City: _____ State: _____ Zip code: _____

Date of birth: _____

Parent's / Legal Guardian's Name: _____

Relationship to child: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Cell number: _____

Home email: _____

Place of employment: _____

Work phone number: _____ Email: _____

Parent's / Legal Guardian's Name: _____

Relationship to child: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _____ Cell number: _____

Home email: _____

Place of employment: _____

Work phone number: _____ Email: _____

Marital status: _____ single _____ married _____ divorced _____ separated _____ widowed

Who has legal custody of child? _____

Please explain custody arrangements below. _____

Are there any custody, restraining orders or separation issues that we need to be aware of? Please explain.
Please submit copies of legal documents with this application.

Names and ages of other children and/or extended family living in the home.

- 1.
- 2.
- 3.
- 4.
- 5.

Is your child adopted? Yes / No

Has your child been enrolled in preschool before? If yes, where? What was your reason for leaving?

What church does your family attend? Does your child attend Sunday school? _____

How does your child get along with other children? With what age children does your child play with most?

How does your child get along with adults? _____

My child is afraid of _____

How can we help your child in these situations? _____

How does your child react to new people and situations? _____

Does your child cry easily? How is this best handled? _____

What challenges your child? What helps your child calm down or get through challenging situations? _____

Does your child have any habits we should be aware of? How do you respond to them? _____

How does your child express other feelings? _____

What methods do you use to discipline your child? _____

Does your child have a security item? When is it used? _____

What is the best way to get your child settled for nap/rest time each afternoon? _____

Is your child toilet trained? Yes / No What words or signals does your child use to indicate that he/she needs to use the bathroom? _____

Please check all skills achieved:

- _____ puts on shoes
- _____ puts on coat
- _____ zips / unzips
- _____ washes hands
- _____ puts away toys
- _____ ties shoes
- _____ uses eating utensils

FAVORITES!

Toys? _____

Books? _____

Music? _____

Outdoor activities? _____

Other? _____

What family activities does he/she enjoy? _____

What would you most like us to know about your child? _____

What are your child's greatest strengths? Are there any concerns we should know about? _____

Any other important information can be added in the space below.

Emergency Care Information

Child's name: _____

First

Middle

Last

Name of child's doctor: _____

Address: _____

Office phone number : _____

Name of child's dentist: _____

Address: _____

Office phone number: _____

If neither parent (nor guardian) can be contacted, please call:

Name: _____

Relationship to child: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Name: _____

Relationship to child: _____

Home phone: _____ Cell phone: _____ Work phone: _____

The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if an emergency occurs when the parent(s)/guardian(s) cannot be located immediately.

If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

Parent(s) / Guardian(s) Signature

Date

Administrator of Center

Date

Specific Health concerns:

1. Does your child have any allergies? Yes / No
 - a. If yes, please list allergies and explain steps that should be taken in case of accidental exposure.

2. Is your child currently under a doctor's care or on any continuous medications? Yes / No
 - a. If yes, please explain.

3. Has your child ever been hospitalized? Yes / No
 - a. If yes, please list date(s) and reason(s) for hospitalization.

4. Are there any other medical conditions of which we should be aware of? Yes / No
 - a. If yes, please list them.

5. Are there any accommodations that need to be made or medications needed during the day for any of the above conditions? Yes / No
 - a. If yes, please specify.

6. Please list any other medical information that we might need to know about your child below.

FBWS Pick-up Authorization Form

I give my permission for my child to leave FBWS with the following adults listed below. Adults will be asked to provide a photo id and/or code word. If an adult not listed below is picking up your child, you must call the FBWS director.

It is the parent's responsibility to notify FBWS of any changes during the year.

Child's name: _____

First

Middle

Last

Code word: _____

Name: _____ Relationship to child: _____

Name that child calls adult: _____ Description of car: _____

Description of adult: _____

Phone / cell number(s): _____

Name: _____ Relationship to child: _____

Name that child calls adult: _____ Description of car: _____

Description of adult: _____

Phone / cell number(s): _____

Name: _____ Relationship to child: _____

Name that child calls adult: _____ Description of car: _____

Description of adult: _____

Phone / cell number(s): _____

Name: _____ Relationship to child: _____

Name that child calls adult: _____ Description of car: _____

Description of adult: _____

Phone / cell number(s): _____

Please list the people that MAY NOT pick up your child as a result of custody or restraining orders.

Parent(s) Signature

Date