

DATE RECEIVED: _____

REG. FEE: _____

BOOK FEE: _____

PLEASE PRINT or TYPE APPLICATION

Please circle Class applying for:

PMO --- Tues., Wed., Thur.

2's -----T/TH or W/F

3's--- 3 day class or 5 day class

Pre-K or K-5—all meet 5 days

APPLICATION FOR ADMISSION
CENTRAL BAPTIST SONSHINE PRESCHOOL & KINDERGARTEN
1120 LAKE JOY ROAD, WARNER ROBINS, GA 31088
(478) 953-9319

Child's Name _____ Name Used: _____

Address _____ City/State _____ Zip _____

Date of Birth ___/___/___ Sex: M___/F___ Phone _____

Mother's Name: _____ Occupation: _____

Work Place & Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address(used for school newsletters): _____

Address if different from above: _____

Father's Name: _____ Occupation: _____

Work Place & Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail Address(used for school newsletters): _____

Address if different from above: _____

Parent's Marital Status: Married___ Separated___ Divorced___ Single___ Deceased___

Who has legal custody of child: _____

If applicable, step-parent's name: _____

Who should we contact if your child becomes ill during the school day: _____

Child lives with: Both Parents___ Mother___ Father___ Other_____

Brothers/Sisters:

Name: _____ Age _____ Sex _____

Name: _____ Age _____ Sex _____

Name: _____ Age _____ Sex _____

Name: _____ Age _____ Sex _____

Name: _____ Age _____ Sex _____

Please list persons other than yourself that are authorized by you to take your child from preschool. Your child will NOT be released to anyone not listed on this form unless you give us prior permission. PLEASE REMEMBER TO NOTIFY YOUR CHILD'S TEACHER IF SOMEONE NEW IS PICKING UP YOUR CHILD.

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

List any **ALLERGIES** (ex: food allergies, bees, etc.) that your child may have:

**Please note if your child has been prescribed an EpiPen for their allergy:

PLEASE COMPLETE THE BACK OF THIS APPLICATION

Has your child attended preschool or a Parent's Morning Out Program before? _____

If yes, where and how many days a week? _____

Has your child enjoyed school in the past? _____ Yes _____ No

Is your child right or left handed? _____

What are your child's interests? _____

Do they have any unusual habits or fears? _____

Is your child healthy or does he have some type of physical condition that we should be aware of at school (Ex: asthma, diabetes, "lazy eye", hearing problems, etc.)? _____

Serious illnesses or operations? _____

*Has your child ever been tested or recommended for a special education program? _____ Yes _____ No

*Has your child ever been diagnosed with a learning disability? _____ Yes _____ No

*Has your child been prescribed medication for a learning and/or attention disorder? _____ Yes _____ No

*Is your child currently taking medication for learning/attention disorder? _____ Yes _____ No

If you answered "yes" to any of the above questions with an asterisk beside it, please attach an explanation as well as copies of any test results/IEPs, if applicable.

Anything else you want us to know about your child? _____

What would you like to see your child achieve this year in preschool? _____

Where do you attend church? _____

In an emergency, which parent should we call first? _____

If parents cannot be reached, who should we contact?

Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Child's Doctor: _____ Phone _____

I give Central Baptist Sunshine Preschool permission to seek medical attention for my child, _____, in case of an emergency. I have listed on this form my child's current doctor and any allergies my child might have. The preschool will do everything possible to reach the child's family as soon as possible if an emergency should arise.

Signature of parent or legal guardian: _____ Date: _____

Signature of parent or legal guardian: _____ Date: _____

Witness Signature: _____ Date: _____

Please Note: unless specifically noted below, photos will be taken at times during preschool that will be used for craft activities, slide shows, and publicity. Please note below if we do not have permission to take pictures. We will never put names with the photos.

****Our school is not equipped to meet the needs of every child, therefore we reserve the right to deny admittance if the school believes we cannot adequately meet the child's needs.****