



# FBC Preschool Registration Checklist

To secure your child's registration for the 2021-2022 school year, please make sure you have the following:

1. Return completed personal data sheet.
2. Pay the one time registration supply fee:  
3 & 4 year olds: \$75.00  
(registration fee is NON REFUNDABLE)  
Monthly Tuition will be \$75.00 for the school year.
3. Provide a copy of your child's immunization records.

**These 3 things MUST be fulfilled when you return your registration forms.**

# First Baptist Preschool Personal Data Sheet

3 Yr Old Class \_\_\_\_  
or  
4 Yr Old Class \_\_\_\_

1. Name \_\_\_\_\_ Boy or Girl \_\_\_\_\_ DOB \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

Date enrolled in center \_\_\_\_\_ Date withdrawn from Center \_\_\_\_\_

Name & Age of Other Children in Family \_\_\_\_\_

Sunday School attended by Child \_\_\_\_\_

Church Membership of Father \_\_\_\_\_

Church Membership of Mother \_\_\_\_\_



## 2. *Emergency Contact Information*

Name of person to call if parents cannot be reached \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Is this person authorized to take the child from the center? \_\_\_\_\_

### List all other adults who are authorized to take the child from the center:

Name	Relationship	Name	Relationship	Name	Relationship
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Address	Address	Address
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City	State	Zip	City	State	Zip	City	State	Zip
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Phone	Phone	Phone
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3. Medical Information

Child's Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_ Father  
We \_\_\_\_\_ Mother (Cross Out Words That Do Not Apply) of  
Guardian

\_\_\_\_\_, do hereby give my consent to the Director of First  
Child's Name

Baptist Church Preschool or her duly appointed representative, for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or her duly appointed representative to transport said child for emergency medical treatment, if the parents cannot be reached.

Signed \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_\_



4. Disease History: List the dates of each:

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ German Measles \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Contracted Tuberculous: Yes \_\_\_\_\_ /No \_\_\_\_\_ Frequent Ear Infections Yes \_\_\_\_\_ /No \_\_\_\_\_

Frequent Throat Infection: Yes \_\_\_\_\_ /No \_\_\_\_\_ Defective Heart Yes \_\_\_\_\_ /No \_\_\_\_\_

Other Conditions or Comments \_\_\_\_\_



5. Child's Developmental needs:

Physical or emotional problems the child might have: \_\_\_\_\_

Child's special food needs: Diabetic diet \_\_\_\_\_ Allergies \_\_\_\_\_

Special problems: Medications \_\_\_\_\_

Allergies \_\_\_\_\_ Temper Tantrums \_\_\_\_\_ Diabetes \_\_\_\_\_ Frequent Colds \_\_\_\_\_ Biting \_\_\_\_\_

Sun Sensitivity \_\_\_\_\_ Seizures \_\_\_\_\_ Fainting Spells \_\_\_\_\_ Bed Wetting \_\_\_\_\_ Other \_\_\_\_\_

Requires help in: Dressing \_\_\_\_\_ Undressing \_\_\_\_\_ Toileting \_\_\_\_\_ Eating \_\_\_\_\_ Washing hands \_\_\_\_\_

Is Child toilet trained? Yes \_\_\_\_\_ /No \_\_\_\_\_ Words used in toileting \_\_\_\_\_

Favorite: Games \_\_\_\_\_ Toys \_\_\_\_\_ Foods \_\_\_\_\_

Has Child attended Preschool before? \_\_\_\_\_ Where \_\_\_\_\_

Other information \_\_\_\_\_



6. **Immunizations: Please Provide a copy of your Child's Immunization Record.**

Verified by Health Department Record \_\_\_\_\_ Physicians Record \_\_\_\_\_ Other \_\_\_\_\_



7. I, the parent/guardian of this child, understand that I may ask for a conference with the caregiver(s) as needed.

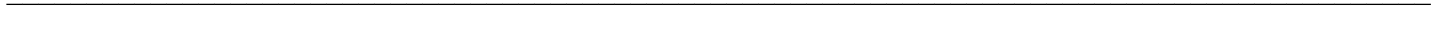
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Do we have your permission to take pictures for publications in the paper? \_\_\_\_\_



Additional Comments: \_\_\_\_\_



**DISCIPLINE POLICY**

***First Baptist Preschool***

Correction and discipline will be verbal (explanation) and separation of the child from others. Discipline shall be individualized and directed toward teaching the child acceptable behavior and self-control. The length of time a child is separated from the group shall not exceed one minute per year of the child's age. Physical punishment shall not be administered to children.

I have read the above Discipline Policy, and it has been explained to me.

Signed \_\_\_\_\_

**Permission To Publish Child's Photos On Website**

I give permission for my child's picture to be put on the First Baptist Church's website under the Preschool category. No child's name will be published on the website for safety reasons. This will allow your friends and family members to enjoy your child's picture from wherever they are!

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you have an email address, would you please print it below?  
Sometimes it is easier to communicate and send pictures this way.  
Thanks!

\_\_\_\_\_