

FIRST BAPTIST CHURCH PRESCHOOL

APPLICATION FOR ADMISSION

Date \_\_\_\_\_

Please circle the class for which you would like to register your child:

2 days  
Tuesday/Thursday

3 days  
Monday/Wednesday/Friday

5 days  
MTWTF

Child's Full Name: \_\_\_\_\_ Name you call your child: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child lives with: Both parents / Mother / Father (circle one)

Mother: \_\_\_\_\_ Employer: \_\_\_\_\_

Work #: \_\_\_\_\_

Father: \_\_\_\_\_ Employer: \_\_\_\_\_

Work #: \_\_\_\_\_

Brothers and Sisters: Name \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list the names and phone numbers of at least two other local people we can call if parents cannot be reached.

Name	Relationship to child	Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

We have five parties for the children throughout the year. We ask mothers to provide refreshments or party favors for one party. If you are willing to help, please circle your preference. We will do our best to follow your request. You will be notified of what and when is needed before each party.

Circle one: Fall Festival Party Christmas Valentine's Day Easter End of School

Give any additional information you feel would be helpful to the teacher in the following space:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our Preschool?

\_\_\_\_\_