

Richland Baptist Church Preschool New Enrollment Form – 2020-2021

Class applying for:

2yr _____ 3yr _____ 4yr _____

Please return enrollment form, a copy of your child's birth certificate and the \$125 registration and material fee (nonrefundable). Students will be enrolled on a first come, first served basis until each class is full. Open enrollment begins February 18.

Date of application: _____

Child's full name: _____

Name child is called: _____

Date of birth: _____ Current age: _____ Sex: _____

Mailing address: _____

Home address (if different): _____

Phone number: _____

With whom does the child live? _____

Siblings: _____

Mother's name: _____

Place of employment: _____

Work phone number: _____

Cell phone number: _____

E-mail address: _____

Father's name: _____

Place of employment: _____

Work phone number: _____

Cell phone number: _____

Phone number we should call first: _____

Child's Name: _____

Emergency contact other than parents: _____

Child's physician's name and phone number: _____

List persons permitted to pick up your child after school or who would be responsible for them if you could not be contacted during school. Your child will NOT be released to anyone other than yourself, your spouse, or those listed here.

Name: _____ Relationship to child: _____

Address: _____

Phone number: _____

Name: _____ Relationship to child: _____

Address: _____

Phone number: _____

Name: _____ Relationship to child: _____

Address: _____

Phone number: _____

****Tuition Reminder:** September's tuition will be due ON OR BEFORE August 1st. After that each month's tuition will be due on the first school day of that month. (October's tuition will be due the week of Oct. 1st.) **

Child's Name: _____

Below are some questions that will help to get to know your child better and allow us to be prepared to help your child succeed this coming year.

Are you able and willing to volunteer at the Preschool? Yes _____ No _____

Are you and your family actively attending church? Yes _____ No _____

If yes, please provide the church name: _____

Does your child currently receive speech therapy, or do you believe your child may need speech therapy? Yes _____ No _____

If yes, please explain. _____

Does your child currently receive any other form of therapy or do you believe your child may need another form of therapy? Yes _____ No _____

If yes, please explain. _____

Does your child have any special needs? Yes _____ No _____

If yes, please explain. _____

Does your child have any allergies? Yes _____ No _____

If yes, please explain. _____

Does your child have a medical condition we should be aware of? Yes _____ No _____

If yes, please explain. _____

Briefly describe your child's personality and learning habits:

Has your child been at any other daycare or preschool? Yes _____ No _____

Does your child recognize ANY letters or numbers? Yes _____ No _____

Can your child count to 10? Yes _____ No _____ Partial _____

Can your child say his/her alphabet? Yes _____ No _____ Partial _____

Does your child know his/her full name? Yes _____ No _____ Partial _____

Does your child recognize his/her written name? Yes _____ No _____