

# Richland Baptist Church Preschool

## New Enrollment Form – 2019-2020

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 19.**

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 August 1<sup>st</sup>. 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.) The reason for this is that each September we have families that had enrolled in the spring not show up. They had not contacted us to inform us that they have moved or enrolled in a different school. We are then left with empty slots we could have filled with potential families that contacted me in August but we had to turn away. We will begin calling families that have not paid September's tuition in August. If they are indeed not coming we will be able to make their spot available sooner. Though it is a bit of an inconvenience to you, it will benefit your children as our school runs much smoother with full classes and a balanced budget.

**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:

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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 \_\_\_\_\_