

FBC Preschool Registration Forms

OFFICE USE ONLY

Date of enrollment

___/___/___

Personal Information:

Child's Name _____ DOB _____

Preferred name _____ (circle one) Male Female

Father's Name _____ Cell # _____

Mother's Name _____ Cell # _____

Parents are (circle one) Single Married Divorced Separated

Address _____

City, State & Zip Code _____

Home Phone _____

Email _____

Father's Employer _____ Phone _____

Work Hours/Schedule (Example: 9am-5pm) _____

Mother's Employer _____ Phone _____

Work Hours/Schedule (Example: 9am-5pm) _____

Emergency Contact Information: (other than parents of child)

Name _____ Relation to child _____

Complete Address _____

Home Phone _____ Cell Phone _____

Adult authorized to take student from Preschool (other than parents).

	Name	Relationship to child	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Are you and your family active members of a church? _____

If yes, where? _____

Developmental Needs:

Child requires help in the following areas (please circle)

Dressing Undressing Toileting Eating Washing Hands

Children ages 3 and 4 **MUST** be potty trained to come to FBC Preschool (no pull-ups or diapers). This is not required of 2 yr. olds.

Words used in toileting _____

Favorite games _____

Favorite toys _____

Favorite foods _____

Child's fears/dislikes _____

Siblings: Name _____ Age _____

Other information that would be useful in helping us to care for your child:

I, the parent/guardian of this child, understand that I may ask for a conference with the teacher as needed.

Signed _____ Date _____

Signed _____ Date _____

Medical Information:

Physician/Emergency Treatment Facility _____
Family Physician _____ Phone _____
Family Dentist _____ Phone _____
Name of Insurance Company _____
Policy _____ Group # _____

I, (your name) _____ (circle one) father, mother, guardian of
(child's name) _____, so hereby give my consent to the Director of
First 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 _____

Physical or Emotional challenges _____
Special food needs such as religious, diabetic diet or allergies _____

List allergies _____
List medications _____

Circle one: (4 yr olds only)

Children must be 5 by Aug. 1st 2027 to enter kindergarten. Will your child be going
to kindergarten in the fall of 2027?

YES NO UNSURE

Choose one: _____ Half Day (9-12) _____ Full Day (9-2)

*****Your child's age on Aug. 1, 2026. _____*****