

# FBC Weekday Preschool

## Application

Child's Name \_\_\_\_\_  Boy  Girl Today's Date: \_\_\_\_\_

Nickname \_\_\_\_\_ Birthdate: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

Class Enrollment Request: \_\_\_\_\_ year old class on \_\_\_\_\_ Teacher Preference: \_\_\_\_\_

How did you hear about First Baptist Weekday Preschool?

### FAMILY INFORMATION:

Parents' Names (both): \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother Work Phone: \_\_\_\_\_ Father Work Phone: \_\_\_\_\_

Mother Cell Phone: \_\_\_\_\_ Father Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Other children in the home: (names and age) \_\_\_\_\_

Child resides with: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_

Church members (Y/N) \_\_\_\_\_ If yes, where? \_\_\_\_\_

Please list two adults to call in an emergency if the parents cannot be reached:

1. \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to child: \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Relationship to child: \_\_\_\_\_

### EMERGENCY INFORMATION:

A copy of child's immunization record must be made available prior to admission.

\*\*\*Are there any medical issues we should be aware of? (Allergies, medications taken, etc.) \_\_\_\_\_

\*\*\*If child is allergic to any substance, you must complete an additional form giving specific information and steps to be taken in the event of an allergic reaction.

Name of Child's Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Name of Child's Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

A Non-Refundable Registration Fee must accompany application.

Payment Method: Cash \_\_\_\_\_ Check No. \_\_\_\_\_

FOR OFFICE USE ONLY: Received by: \_\_\_\_\_ Date: \_\_\_\_\_

# First Baptist Weekday Preschool

## Emergency Situations:

I hereby authorize the director or whoever is in charge at **First Baptist Weekday Preschool** to secure transportation for \_\_\_\_\_ (child's name) to a doctor or hospital should I not be available. I further authorize medically qualified personnel to administer any medical attention deemed necessary in an emergency situation.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

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## COMPLETE THIS SECTION ONLY IF YOU ARE ENROLLING A 4 YEAR OLD CHILD

My child has permission to participate in all supervised field trips with his/her class. I understand that I will be informed of the date and destination prior to each trip. (Only 4 year olds take field trips.)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Permission Form

First Baptist Weekday Preschool uses photographs of enrolled children for many purposes. Group or individual photographs may be used in crafts, special projects, displays from special events, or dispensed to parents of enrolled children upon request. Please circle your response on the appropriate line below to give us permission to make and use photographs of your child at our Preschool.

First Baptist Weekday Preschool publishes class rosters to the parents of each child in a given class. This information includes the child's name, parents' names, a telephone number, and an address. Please circle your response on the appropriate line below to give us permission to publish this information to the other students in your child's class.

I do/ do not give permission to First Baptist Weekday Preschool to make and use photographs of my child for the above designated preschool use.

I do/ do not give permission to First Baptist Weekday Preschool to publish the above designated family information for preschool use only.

Child's Name: \_\_\_\_\_

Child's Class: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# First Baptist Weekday Preschool

## Discipline Policy

Effective discipline allows a child to learn appropriate behavior through consequences which result from inappropriate action. FBC Weekday Preschool tries to set limits, help children understand classroom rules and give clear definitions of acceptable and unacceptable behavior at each age level. We use short period of time-out (1 minute per each year of the child's age) if a child's behavior is disruptive or if a child interferes with the physical well being of another child or staff member. If a child's behavior does not improve after time-out and appropriate redirection, then counseling between the parents and teacher will follow.

If the child continues to exhibit unacceptable behavior, then a conference with the parents, teacher and director will occur. If a child's behavior is unacceptable or interferes with the physical well being of another child or staff member after these communications between parents, teacher, and director, First Baptist Weekday Preschool reserves the right to dismiss the child.

Specifically FBC Weekday Preschool has a "two bite" rule in effect. If your child bites another child or staff member on two different days, your child will be dismissed from the Preschool. Please discuss this matter with your child.

I, the undersigned parent/guardian do hereby state that I have read and received a copy of First Baptist Weekday Preschool's Discipline Policy.

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_