

Farmville Baptist Preschool
Farmville Baptist Church
132 North Main Street
Farmville, VA 23901
Church: 434-392-5041

APPLICATION FOR ENROLLMENT

General Information

Date of Application _____ Date to be Enrolled _____

Child's Full Name _____ Nickname _____

Date of Birth _____ Sex _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Class in which you wish to enroll your child (check one):

_____ 4 year-old program (4 Day) _____ 2-1/2 year-old program (Mon & Wed)

_____ 3 year-old program (Tues & Thurs)

Family Information

Father's Name _____ SSN _____

Address _____ Cell Phone _____

Occupation _____ Employer _____

Employer's Address _____ Employer's Phone _____

Mother's Name _____ SSN _____

Address _____ Cell Phone _____

Occupation _____ Employer _____

Preferred Email Address(es) _____

Employer's Address _____ Employer's Phone _____

Parents' Marital Status _____ Married _____ Single/Widowed _____ Divorced

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? _____

Siblings _____

Name/Relationship of Other Person(s) Living in Child's Home _____

Previous Childcare/Preschool Experience _____

Church Affiliation _____

INFORMATION – Preschool

Child's General Habits

Please describe your child's sleeping/nap patterns _____

Does your child dress himself/herself? _____ Comments _____

Please describe your child's eating habits/behavior _____

Snack preferences/dislikes _____

Please describe your child's play habits _____

Is your child _____ Toilet trained? _____ Training now?

If training, please describe method used at home _____

Language(s) Spoken at Home _____

Please circle the words that best describe your child's general temperament or disposition

friendly private follower leader obedient

thoughtful shy mischievous cooperative

passive aggressive anxious moody happy

ill-tempered sensitive short-tempered uncooperative

Please list your child's outstanding character traits _____

**DIVISION OF LICENSING PROGRAMS
DEPARTMENT OF SOCIAL SERVICES
CHILD REGISTRATION FORM**

Child's Name _____ Nickname _____ Sex _____ Birth Date _____

Address _____ Home Phone _____ SSN _____

Parents/Guardians

Father's Name _____

Home Address _____ Home Phone _____

Place Employed _____ Business Phone _____

Mother's Name _____

Home Address _____ Home Phone _____

Place Employed _____ Business Phone _____

Person(s) or Agency Having Legal Custody of Child _____

Home Address _____ Home Phone _____

Business Address _____ Business Phone _____

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medications, etc.

Child's Physician _____ Phone _____

Insurance Company _____ Policy # _____

If child attends this center and another school also, give name of school

School's Name _____ Grade _____ Phone _____

Farmville Baptist Preschool
Located at Farmville Baptist Church
132 North Main Street
Farmville, VA 23901
434-392-5041

PARENTAL CONSENT

I authorize and give my permission (Check all that apply)

_____ 1. for my child to participate in LOCAL education field trips as scheduled by center officials during the school session. (Note: For out of town field trips, parents will be asked to sign a separate permission slip.)

_____ 2. for my child to be photographed while participating in school related activities.

List all individuals, including addresses, phone numbers and relationships who have permission to pick up your child from school.

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

List any individuals who, through legal action, are not allowed to have contact with your child. Attach copies of legal documents for verification.

Parent/Guardian Signature

Date

Farmville Baptist Preschool
Located at Farmville Baptist Church
132 North Main Street
Farmville, VA 23901
434-392-5041

MEDICATION RELEASE

Topical medications for minor cuts and scrapes may be administered by the preschool staff with parent permission. Medications, except those authorized below, will not be administered during the school day.

Please indicate any/all items which, when necessary, may be used for your child.

I authorize the Farmville Baptist Preschool staff to use the following items as part of basic first aid care for my child:

_____ Medi-Quik (antiseptic/analgesic spray)

_____ Hydrogen Peroxide _____ Baking Soda/vinegar paste for bee stings

_____ Neosporin Ointment _____ Caladryl Ointment

Parent/Guardian Signature

Date

Farmville Baptist Preschool
Located at Farmville Baptist Church
132 North Main Street
Farmville, VA 23901
434-392-5041

PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING:

I have read, understood and will abide by the policies outlined in the Farmville Baptist Preschool Handbook.

Signature of Parent(s) or Guardian:

Mother _____ Date _____

Father _____ Date _____

Guardian _____ Date _____

For Office Use Only

Proof of Identity & Age _____ Child's Place of Birth _____

Birth Date _____ Birth Certification # _____ (if available)

Registration Paid _____ Check # _____ Date _____

Class Assigned _____ Entrance Date _____

Reason for Withdrawal _____

Date Withdrawn _____