

**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 and 3 year old program (2 day)

If enrolling in 2 day class, which days do you prefer? (check one):

\_\_\_\_\_ Mon./Wed. \_\_\_\_\_ Tues./Thurs. \_\_\_\_\_ no preference

**Family Information**

Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_ Employer's Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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**

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Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

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Address \_\_\_\_\_ Home Phone \_\_\_\_\_

**Parents/Guardians**

Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

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Place Employed \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

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Place Employed \_\_\_\_\_ Business Phone \_\_\_\_\_

Person(s) or Agency Having Legal Custody of Child \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

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Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

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**EMERGENCY INFORMATION**

Allergies or Intolerance to Food, Medications, etc.

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Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

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

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School's Name \_\_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_\_

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**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

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**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

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**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 \_\_\_\_\_

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Class Assigned \_\_\_\_\_ Entrance Date \_\_\_\_\_

Reason for Withdrawal \_\_\_\_\_

Date Withdrawn \_\_\_\_\_