



FIRST BAPTIST CHURCH OF ST. CHARLES

Preschool/Kindergarten Center
136 Stoddert Avenue, Waldorf, MD. 20602 (301) 645-4060 ext.12

3 Day ___ 5 Day ___ Kindergarten ___

APPLICATION FOR ENROLLMENT

(PLEASE PRINT)

Child's Name: _____ **Name called:** _____
Last Name First Middle

Address: _____
Street City/State Zip Code

Neighborhood or Subdivision: _____

Telephone: _____ **Birthday:** _____ **Age:** _____

Sex: _____ **Place of Birth:** _____

Other Preschool/Nursery or Day Care Experience: _____

Name of Father: _____ **Age:** _____

(Parent _____ StepFather _____ Legal Guardian _____)

Address: _____ **Home Phone:** _____

Email Address: _____

Father's Place of Employment: _____

Type of Work (in Preschool Language – Carpenter, Pilot, Etc.): _____

Business Phone: _____ **Cell Phone:** _____

Name of Mother: _____ **Age:** _____

(Parent _____ Stepmother: _____ Legal Guardian: _____)

Address: _____ **Home Phone:** _____

Email Address: _____

Mother's Place of Employment: _____

Type of Work (in Preschool Language – Teacher, Nurse, etc.): _____

Business Phone: _____ **Cell Phone:** _____

(If custody is an issue we must have a copy of custody papers to keep on file.)

Is Child now staying with a Day Care Provider? ___ If so, how long has he/she been with current provider? _____

Day Care Provider's Name: _____ Phone: _____

Address: _____

Do Both Parents Now Live with Child? _____ Is Child Adopted? _____

If Yes, at what age was he/she adopted? _____

List all children/persons living in the home (Please include ages and relationship to child): _____

(if additional space is needed use back of page)

Name of Doctor: _____ Phone: _____

Address: _____

If necessary, may we have your permission to call and make emergency arrangements?

Yes _____ No _____ Signature: _____

If "No" give specific instructions: _____

Is Your Child Toilet Trained? Yes _____ No _____ At what age? _____

(children must be completely toilet trained by the start of school.)

Is there any reason (medical, etc.) why your child might need assistance? _____

List congenital conditions, unusual injuries, operations and traumatic experiences which the child has had.

List foods that your child is unable to eat (medical reasons, etc.): _____

Does your child have any fears? _____

List any language other than English spoken in the home: _____

Does your child speak English fluently? _____

Religious Affiliation: _____ Name of Church you attend: _____

Does your child attend Sunday School? _____

Would you like information about First Baptist Church of St. Charles? _____

In how many places has your child lived since birth? _____ Has he/she been sleeping alone? _____

Or does he/she share a room and with whom? _____

How does he/she behave when upset, angry or afraid?

What are the most important “do’s and don’ts” in your family for your child? _____

What type of discipline is used at home? _____

Child’s favorite TV program: _____

Family Pets and their names: _____

Which of the following does your child now have or is inclined to have?

****If your child needs to keep medication at school, please ask for appropriate forms, as they will need to be completed by your doctor before the start of school.**

___ Speech difficulties

___ Nail biting

___ Temper tantrums

___ Persistent crying

___ Mouth breathing

___ Finger sucking

___ Epilepsy attacks

___ Allergies (list)

___ Frequent colds

___ Earaches or discharges

___ Eye complaints

___ Trouble going to the bathroom

___ Sore throat

___ Hay fever

___ Asthma

___ Drug reaction

___ ADD

___ Hyperactivity

Please give us any other information which may help us work more effectively with your child.
(such as special likes or dislikes, unusual habits, strong attachments to a toy or other objects, or medical problems.)

**A \$75.00 Registration fee is to be submitted with this application. It is non-refundable.
I understand the one month’s advance tuition due by June 1st is also non-refundable.**

Date: _____ Signature: _____