



FORT CAROLINE BAPTIST ACADEMY
Preschool Admission Application

- ◇ 2 day Two year olds
 - ◇ 3 day Two year olds
 - ◇ 2 day Three year olds
 - ◇ 3 day Three year olds
 - ◇ 5 day Three year olds
 - ◇ Pre - K Fours **A.M.**
- CIRCLE DAYS CHILD STAYS
Lunch Bunch needed M T W TH F
Lunch Bunch for a.m. classes only 11:30 □ 2 p.m.
Hours: a.m. classes 8:30 - 11:30

AMT PD _____
CK# _____
DATE _____
BANK _____

GENERAL INFORMATION (Please complete application in its entirety)

Child's Name _____ Name called at home _____
Date of Birth _____ Present age _____ Sex Male Female
Address _____ Zip _____ Phone _____
Father's Name _____ Occupation _____
Business address _____ Phone _____ Date of birth _____
Mother's Name _____ Occupation _____
Business address _____ Phone _____ Date of birth _____
*Cell or Mobile phone (Mom) _____ (Dad) _____ Email: _____

How did you find out about our program? _____

RELIGIOUS AFFILIATION

Family religious preference _____ Church membership _____

EMERGENCY INFORMATION

Name of child's doctor _____ phone _____

ALLERGIES (FOOD ETC....) _____

Does your child have any speech, hearing or vision problems? _____

Hospitalizations? _____ Operations? _____

Other illnesses? _____

Local person authorized to act for parents in emergency (e.g.—babysitter, relative, etc...)

Name _____ **Phone** _____

Address _____ **Business Phone** _____

FAMILY SITUATION

Child lives with _____ both parents _____ Mother _____ Father _____ Other(Explain)

Names and ages of other children in the home. _____

Has your child attended a preschool program before? _____

Name of school and previous teacher. _____

OVER

SOCIAL AND PHYSICAL GROWTH:

Please address the following concerning your Child: Is he or she? Does he/she have?

- 1. Right or left handed?_____
- 2. Well coordinated?_____
- 3. Clumsy?_____
- 4. Good with hands?_____
- 5. Aggressive?_____
- 6. Dare-devil behavior?_____
- 7. Impulsive?_____
- 8. Unusual fears?_____
- 9. Excitable?_____
- 10. Restless?_____
- 11. Shy?_____
- 12. Domineering?_____
- 13. Happy?_____

Does your child have any problems that concern you?_____

What do you feel are his/her special abilities or capabilities?_____

EXPERIENCES WITH OTHERS

What are some of the ways your child plays at home?_____

Favorite toys?_____

Special interests?_____

Favorite TV program?_____

Favorite foods?_____

Does he/she play well with other children?_____

How does he/she react when he/she does not get his/her way?_____

Is child enrolled in a special group (dancing, art, sport etc...)?_____

How often do you read to your child?_____

Tell us some fun things you enjoy with your child._____

What are your expectations of our program?_____

Thank You