



FORT CAROLINE BAPTIST ACADEMY
Preschool Admission Application

Preschool classes— 8:30-11:30 <input type="checkbox"/> 2 day Two year olds <input type="checkbox"/> 3 day Two year olds <input type="checkbox"/> 5 day Two year olds <input type="checkbox"/> 2 day Three year olds <input type="checkbox"/> 3 day Three year olds <input type="checkbox"/> 5 day Three year olds	VPK Classes <input type="checkbox"/> VPK Fours Monday-Friday 8:30—11:45 a.m. <input type="checkbox"/> VPK Fours 3-day class 8:30—1:30 p.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: am classes 8:30 - 11:30/11:45
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FEES PAID
AMT PD _____
CK# _____
DATE _____
BANK _____
Certificate of Eligibility # _____

SPECIAL REQUEST _____ **(No Guarantees)**

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 _____ 1st Call phone # _____
 Father's Name _____ Occupation _____
 Business address _____ Phone _____ Date of birth _____
 Mother's Name _____ Occupation _____
 Business address _____ Phone _____ Date of birth _____
 (Required)

* **Cell or Mobile phone (Mom)** _____ **(Dad)** _____

We primarily communicate using email.

Email: _____ **Secondary Email address:** _____

RELIGIOUS AFFILIATION

Family religious preference _____ Church membership _____

EMERGENCY INFORMATION

Name of child's doctor _____ phone _____

ALLERGIES (FOOD ETC....) _____ **Medication needed: YES / NO**

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 circle one.)

- Does your child look at you when you talk to him/her? **Yes** **Sometime** **Rarely**
- Does your child cling to you more than you expect? **Yes** **Sometime** **Rarely**
- Does your child talk and/or play with adults she knows well? **Yes** **Sometime** **Rarely**
- When upset, can your child calm down within 15 minutes? **Yes** **Sometime** **Rarely**
- Does your child do what you ask him/her to do? **Yes** **Sometime** **Rarely**
- Does your child seem happy? **Yes** **Sometime** **Rarely**
- Does your child sleep at least 8 hours in a 24-hour period? **Yes** **Sometime** **Rarely**
- Does your child use words to tell you what she wants or needs? **Yes** **Sometime** **Rarely**
- Can your child stay with activities he/she enjoys for at least 10 min? (Not including television) **Yes** **Sometime** **Rarely**
- Does your child go to the bathroom by himself/herself? **Yes** **Sometime** **Rarely**

Does your child have any problems that concern you? _____

Do you feel your child is developmentally on target? _____

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

What do you consider a challenge for your child? _____

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 their age? _____

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