



FORT CAROLINE BAPTIST ACADEMY
Preschool Admission Application

Preschool classes—8:30-11:30

- 2 day Two year olds
- 3 day Two year olds
- 5 day Two year olds

- 2 day Three year olds
- 3 day Three year olds
- 5 day Three year olds

VPK Classes

- VPK Fours **Monday-Friday**
8:30—11:45 a.m.
- 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

FEES PAID

AMT PD _____

CK# _____ Cash

DATE _____

BANK _____

Certificate of Eligibility

SPECIAL REQUEST

(No Guarantees)

GENERAL INFORMATION (Please complete application in its entirety)

Child's First Name _____ Child's Last Name _____

Date of Birth _____ Present age _____ Sex: Male Female

Address _____ Zip _____

1st Call phone # _____

Father's Name _____ Occupation _____

Phone _____ Date of birth _____

Mother's Name _____ Occupation _____

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. _____

PLEASE COMPLETE BACK

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 or videos) **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