

Central Baptist Church of Bearden
Preschool Weekday 2010-2011 Student Registration Information

Children are a gift from the Lord!

Child's full name _____

Address _____

Date of birth _____ Sex _____ Home Phone _____

Email address _____ (Required for billing purposes)

Days requesting: _____Monday _____Tuesday _____Wednesday _____Thursday

Would you like PSWD to provide your child with milk at lunch? _____

Would you like to sign up for early care* on a permanent basis? _____

If yes, which days? _____

Would you like to sign up for late care* until 3:00 on a permanent basis?

If yes, which days? _____

Would you like to sign up for late care* until 4:00 on a permanent basis?

If yes, which days? _____

*Early care and late care are available on a first come, first served basis. Space is limited.

Placement in classes with birthdates in or prior to September 2007 requires that the student be potty trained by the first day of attendance. Students may not start the year in these classes in pull-ups or diapers. We have no diaper/pull-up changing facilities in these classrooms. There will be no exceptions to this rule except in cases of physical limitations, and this must be approved by the PSWD Director prior to enrollment.

Registration in classes with birthdates in or after November 2006 requires that the student nap or rest quietly during nap time.

Registration for students with birthdates between July 2005 and October 2006 should be aware that naps are NOT taken in these classes.

Office use only

Class assignment: _____ Date/time turned in: _____

Days: _____Monday _____Tuesday _____Wednesday _____Thursday

Early Care Days: _____Monday _____Tuesday _____Wednesday _____Thursday

Late Care Days: _____Monday _____Tuesday _____Wednesday _____Thursday

Amount paid: _____ Cash _____ Check #: _____ Date: _____

Please fill out ALL answers completely.

Central Baptist Church of Bearden
Preschool Weekday 2010-2011 Student Personal Information

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Child's Name: _____

Sibling names:

Sibling Ages:

Attend(ed) PSWD?

Right or left handed _____ Nap time at home _____

Is your child potty trained? _____

Do you anticipate your child being potty trained by August 2010? _____

Dresses self: _____ Sucks thumb: _____ Pacifier: _____ Bites others: _____

Fears _____

What are some ways he plays at home? _____

Special interests _____

Does he have a special blanket/animal/pacifier to be used for naptime? _____

Has he interacted with other children in a group setting before?

Is he enrolled in special groups (dancing, sports)?

Does your child require any type of special assistance with walking, eating, or other areas? _____ If yes, please explain. _____

In what ways do you expect our program to help your child?

Concerns _____

Has your child previously attended a Mother's Day Out or Child Care Center? _____

If so, where, and for how long? _____

Are there any court approved restrictions and or custody issues regarding pick-ups and/or visitation during school hours for either parent? _____ If yes, please explain and provide paperwork signed by judge for office files. _____

****Please fill out ALL answers completely.****

Central Baptist Church of Bearden
Preschool Weekday 2010-2011 Student Emergency Information

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Child's Name _____

Physician Name _____ Phone _____

Physician Address _____

Street _____ City _____ State _____ Zip _____

Hospital Preference _____

Insurance Company Name _____

Insurance Company Phone Number _____ Policy # _____

Father's Name _____ Occupation _____

Workplace _____ Work Phone _____

Cell Phone _____ Home Phone _____

Work Hours _____

Mother's Name _____ Occupation _____

Workplace _____ Work Phone _____

Cell Phone _____ Home Phone _____

Work Hours _____

The following persons are authorized to pick up my child: (Must list at least 2 persons other than parents.)

Name _____ Home Phone _____ Cell Phone _____

1. _____

2. _____

3. _____

In case of an emergency, the following persons are authorized to act on behalf of parent if a parent cannot be reached: (Must list at least 2 persons other than parents.)

Name _____ Home Phone _____ Cell Phone _____

1. _____

2. _____

3. _____

I understand that my child will not be released to anyone who appears to be under the influence of drugs or alcohol and that 911 will be called if necessary to prevent this occurrence. I authorize emergency treatment to be administered to my child in my absence by PSWD or Emergency Medical staff.

Parent Signature _____ Date _____

****Please fill out ALL answers completely.****

Central Baptist Church of Bearden
Preschool Weekday 2010-2011 Student Medical Information

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Child's Name _____

Will you be leaving medication at PSWD to be given on an "as needed" basis? _____

If so, what medications?

Please describe in detail the circumstances under which this medication would need to be administered to your child:

Please list any allergies:

	Yes	No
Asthma	_____	_____
Speech Delays	_____	_____
Developmental Delays	_____	_____
Hearing Problems	_____	_____
Bladder/kidney problems	_____	_____
Vision Problems	_____	_____
Seizures	_____	_____
Heart Murmur	_____	_____
TB	_____	_____
Hemophiliac	_____	_____

Please list any medical problems or history not listed above:

Please fill out ALL answers completely.

Photo, Phone Number & Address Release Form

Please indicate below whether or not you are willing for PSWD to publish your child's picture in our newsletter or website. We will not publish a child's full name in any publication.

_____ YES, I give permission to PSWD to publish my child's picture in our newsletter or website.

_____ NO, I DO NOT give permission to PSWD to publish my child's picture in our newsletter or website.

_____ I authorize PSWD to publish my address and phone number to other PSWD families.

_____ I DO NOT authorize PSWD to publish my address and phone number to other PSWD families.

Child's Name _____

Parent's Signature _____

