



# First Christian Church Preschool

## 2019-2020 ENROLLMENT APPLICATION

### Child & Family Personal History

*The purpose in obtaining this information is to better understand your child and assist you in knowing what to expect from your child's experience at First Christian Church Preschool. Your child's care during the day is a responsibility we both share. All information is kept confidential and requires written permission from you if it is to be shared with any organization or individual. Some questions may not be applicable to your child, so please leave those blank.*

**Child's Full Name** \_\_\_\_\_

Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Nickname (if any) \_\_\_\_\_

Home Address \_\_\_\_\_

Parent(s)' Contact Number(s) \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Birth Date \_\_\_\_\_

Address (if different) \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Level of Education Completed \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Birth Date \_\_\_\_\_

Address (if different) \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Level of Education Completed \_\_\_\_\_

Marital Status of parents: Married  Divorced  Separated  Single Parent  Living Together

If divorced or separated, how long? \_\_\_\_\_

Custody/Visiting Arrangements (please attach copies of any existing court orders if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

Stepfather's Name: \_\_\_\_\_ Stepmother's Name: \_\_\_\_\_

If child is adopted, age at adoption \_\_\_\_\_ Does your child know that he/she is adopted? \_\_\_\_\_

Siblings: Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade in school \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade in school \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade in school \_\_\_\_\_

Please list any other person(s) living in the household with the child and their relationship to the child.  
\_\_\_\_\_  
\_\_\_\_\_

Do you speak any other language at home other than English? \_\_\_\_ If so, what language? \_\_\_\_\_

Are there any special words that would help us communicate with your child?  
\_\_\_\_\_  
\_\_\_\_\_

Are there any cultural or religious practices or holidays that you would like us to know about?  
\_\_\_\_\_  
\_\_\_\_\_

### Personal Health/Behavioral History

Has your child had any of the following? If yes, please explain. You may attach additional sheets if necessary.

Trouble breathing at birth \_\_\_\_\_ Birth injury or defect \_\_\_\_\_

Head injury \_\_\_\_\_ Convulsions/seizures \_\_\_\_\_

Type of birth: Full-Term  Premature  # of weeks early \_\_\_\_\_

Any complications at birth \_\_\_\_\_

Age your child began sitting \_\_\_\_\_ Crawling \_\_\_\_\_ Walking \_\_\_\_\_

Sleeping through the night \_\_\_\_\_

Is your child a good climber? \_\_\_\_\_ Does your child fall easily? \_\_\_\_\_

Age your child began talking? \_\_\_\_\_

Does your child speak in words/short phrases? \_\_\_\_\_ Full Sentences? \_\_\_\_\_

Does your child have any speech problems and/or delays? If yes, please explain.

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Has child's mother ever been separated from the child? \_\_\_\_\_

If yes, when, for how long, and for what reason?

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Has child's father ever been separated from the child? \_\_\_\_\_

If yes, when, for how long, and for what reason?

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### **Sleep Habits**

What time does your child go to bed in the evening? \_\_\_\_\_ Awaken in the morning? \_\_\_\_\_

Does your child have his/her own room? \_\_\_\_\_ His/her own bed? \_\_\_\_\_

Does your child walk, talk, or cry out during the night? \_\_\_\_\_

What does your child take to bed? \_\_\_\_\_

What is your child's mood upon waking? \_\_\_\_\_

Does your child take naps? \_\_\_\_\_ (from when to when?) \_\_\_\_\_

Does your child need noise to sleep (i.e. music, fan, white noise, etc.)? \_\_\_\_\_

How do you comfort your child when they are tired or having trouble sleeping? \_\_\_\_\_

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Does your child ever cry when going to sleep? \_\_\_\_\_

### **Social Relationships**

Has your child been cared for by anyone other than parents? \_\_\_\_\_

Has child had previous group or preschool experience? \_\_\_\_\_ If so, where and when? \_\_\_\_\_

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Has your child's enrollment at another childcare center ever been terminated for either behavioral or non-payment issues? If yes, please explain. \_\_\_\_\_

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By nature, is your child: friendly  aggressive  Shy  Withdrawn  Other

If other, please explain. \_\_\_\_\_

How does your child get along with brothers and /or sisters? \_\_\_\_\_

How does your child get along with adults outside the family? \_\_\_\_\_

With what age children does your child prefer to play? \_\_\_\_\_

Does your child know any other children at FCC Preschool? \_\_\_\_\_ If so, who? \_\_\_\_\_

Do you feel your child will adjust easily to the structured preschool environment? \_\_\_\_\_

Please list any concerns you may have. \_\_\_\_\_

What makes your child angry or upset? \_\_\_\_\_

How does your child show feelings? \_\_\_\_\_

Is your child frightened by any of the following? Animals  Tall People

Rough Children  Loud Noises  Darkness  Storms  Other

Please explain: \_\_\_\_\_

Name(s) and type(s) of pets in your household: \_\_\_\_\_

What are your child's favorite toys and activities at home?  
\_\_\_\_\_

Does your child like to be read to? \_\_\_\_\_ Favorite books: \_\_\_\_\_

Does your child enjoy listening to music? \_\_\_\_\_ Favorite type of music: \_\_\_\_\_

What is your child's favorite song? \_\_\_\_\_

Favorite games: \_\_\_\_\_ Does your child enjoy playing outdoors? \_\_\_\_\_

Can your child ride a tricycle? \_\_\_\_\_ What is your child's favorite movie/TV show? \_\_\_\_\_

Has your child had experience with: Clay  Scissors  Easel painting

Finger painting  Blocks  Water Table Play

Does your child have any sensory aversions of which we should be aware (i.e. doesn't like paint or glue on feet or hands, etc.)? If yes, please explain. \_\_\_\_\_

**Health History**

Has your child ever been diagnosed with a serious illness? If yes, please explain.

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Does your child have frequent colds? \_\_\_\_\_

Fevers? \_\_\_\_\_ Vomits easily? \_\_\_\_\_ Ear aches? \_\_\_\_\_ Strep throat? \_\_\_\_\_

Has your child had any serious accidents? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

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Is your child allergic to anything (foods, drugs, insect bites, etc.)? \_\_\_\_\_

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If so, how does it usually manifest (eczema, hives, wheezing, etc.)? \_\_\_\_\_

Does your child have asthma? \_\_\_\_\_ If so, how are you controlling it? \_\_\_\_\_

Has your child ever been hospitalized? \_\_\_\_\_ If so, how many times and for what reason(s)?

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How long was the stay? \_\_\_\_\_ Has your child ever been to the dentist? \_\_\_\_\_

Has your child ever had their eyes checked? \_\_\_\_\_ Hearing tested? \_\_\_\_\_

Does your child wear corrective shoes? \_\_\_\_\_ Does your child have any physical disabilities?

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Does your child have an IEP (Individualized Education Plan)? \_\_\_\_\_

Has your child ever been testing for a learning disability or developmental delay? \_\_\_\_\_

If yes, please explain findings: \_\_\_\_\_

Does your child have habits such as nail biting, thumb-sucking, temper tantrums, etc.? \_\_\_\_\_

If so, please describe: \_\_\_\_\_

How do you usually handle this? \_\_\_\_\_

Please give a statement of your evaluation of your child's overall health:

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**Eating Habits**

Is your child usually hungry at mealtimes? \_\_\_\_\_ Between meals? \_\_\_\_\_

What are your child’s favorite foods? \_\_\_\_\_

What foods do they refuse to eat? \_\_\_\_\_

Is your child left or right-handed? \_\_\_\_\_

What time does your child usually eat breakfast? \_\_\_\_\_ Lunch? \_\_\_\_\_ Snack? \_\_\_\_\_

Is the family vegetarian/vegan? \_\_\_\_\_

Are there any dietary restrictions? \_\_\_\_\_

On a typical day, please provide an example of the foods and beverages your child consumes for each meal/snack:

Juices/fruit

Food

Milk/other beverages

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Snack: \_\_\_\_\_

**Bathroom Habits**

Can your child be relied upon to indicate the need to go to the bathroom? \_\_\_\_\_

At what age did your child begin toilet training? \_\_\_\_\_

What word does your child use for urination? \_\_\_\_\_ Bowel Movement? \_\_\_\_\_

Is your child able to wipe and/or pull up and down their underwear and pants without assistance? \_\_\_\_\_

If no, please explain. \_\_\_\_\_

Does your child ever have “accidents”? \_\_\_\_\_ If so, how often? \_\_\_\_\_

**Additional Information/Things You Would Like Us to Know about Your Child**

Are there any special benefits you wish your child to derive from his/her experience at First Christian Preschool?

\_\_\_\_\_

Please describe anything else about your child or his background that might be helpful to our teachers.

\_\_\_\_\_

**Church Affiliation**

*\*Please note that we respect the individual religious preferences and affiliations (or lack thereof) of our FCC Preschool families and/or those interested in our preschool program, and that we would never require that anyone attend services at FCC in order for your child to be enrolled here. Furthermore, if you choose not to answer these questions, please be assured that we also respect your right to privacy and that we will not provide your contact information to anyone representing the church unless you give us explicit permission to do so.*

Are you currently attending services at or are members of a local church? \_\_\_\_\_

If yes, what church and/or affiliation? \_\_\_\_\_

Are you interested in a representative from First Christian Church of Paducah contacting you regarding the various programs, church services, and other community events they have to offer families? YES/NO (please circle)

**Class Options (All preschool classes meet from 9:00 a.m. to 2:30 p.m. daily. Options are as listed. There will be no substitutions):**

<b>18-24 months/2s/Trans. 2s &amp; 3s</b> _____	<b>Trad. 3-Year-Old</b> _____	<b>4s/Pre-K</b> _____
MWF _____	MWF _____	MWF _____
T/Th. _____	T/Th. _____	M-F _____
M-F _____	M-F _____	

**Extended care (Applicable weekly rate includes both a.m. & p.m. extended care, though please mark extended care periods you intend to use for employee scheduling purposes. You may use all of them or only a few, but your weekly rate will stay the same):**

Morning (7:30 a.m. – 9:00 a.m.): M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th. \_\_\_\_\_ F \_\_\_\_\_

Afternoon (2:30 p.m. – 5:30 p.m.): M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th. \_\_\_\_\_ F \_\_\_\_\_

Registration fee: **\$100** \_\_\_\_\_ (Preschool only)      **\$125** \_\_\_\_\_ (Preschool w/ extended care)

**Registration & Supply Fees:**

Registration fee paid: YES/NO      Date: \_\_\_\_\_      Payment method: \_\_\_\_\_

Supply fee paid/supplies provided: YES/NO      Date: \_\_\_\_\_      Payment method: \_\_\_\_\_

**Date of Registration** \_\_\_\_\_ **Parent Signature** \_\_\_\_\_

**Date of Enrollment** \_\_\_\_\_ **Director Signature** \_\_\_\_\_

**Permission for Healthcare/Emergency Contacts**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Local Hospital Preference \_\_\_\_\_

In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

**Signature/Date** \_\_\_\_\_

Mother: \_\_\_\_\_ Phone # \_\_\_\_\_

Father: \_\_\_\_\_ Phone # \_\_\_\_\_

Please indicate three people who will assume emergency responsibility for your child if you cannot be reached.

Name and relationship to child: \_\_\_\_\_ Phone # \_\_\_\_\_

Name and relationship to child: \_\_\_\_\_ Phone # \_\_\_\_\_

Name and relationship to child: \_\_\_\_\_ Phone # \_\_\_\_\_

**First Aid:** In the event of an emergency, I authorize the staff to provide any first aid care deemed necessary for my child.

**Signature/Date** \_\_\_\_\_

**Health Record transfer:** In the event of an emergency, I hereby authorize the transfer of my child's health record to the local hospital.

**Signature/Date** \_\_\_\_\_

**Immunization and/or Notarized Exemption Records:** I understand that it is solely my responsibility to provide First Christian Church Preschool with up-to-date copies of my child's immunization records listing a valid expiration date or a notarized exemption within 30 days of enrolling my child. Additionally, I understand that my child will not be able to attend FCC Preschool if updated records aren't on file, and that I will still be responsible for paying the applicable daily rate until I provide those records.

**Signature/Date** \_\_\_\_\_



**Authorized Pick-Up** (persons authorized to pick up child other than parent/guardian)

**#1:**

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Bus. Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

**#2:**

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Bus. Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

**#3:**

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Bus. Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

**Person(s) who MAY NOT pick up child and/or person(s) who have court-ordered restricted access to the child (please attach court documents if necessary).**

\_\_\_\_\_

**\*You may attach a sheet with additional pick-up persons if necessary.**

**Release of Liability**

I understand that First Christian Church Preschool will not be responsible for anything that may happen as a result of false information given at the time of enrollment. In consideration of the permission granted for \_\_\_\_\_, to attend First Christian Church Preschool and participate in the activities herein, I hereby release and discharge First Christian Church Preschool and its employees from all claims, demands, actions, judgments and executions which the undersigned heirs, executors, administrators and assigns may have or claim to have against it successors or assigns to all personal injuries known or unknown, and injuries to property caused by or arising out of the above described attendance and activities.

**Parent(s) Name Printed** \_\_\_\_\_

**Signature(s)/Date** \_\_\_\_\_