



First Christian Church Preschool

2020-2021 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.

Has child's mother ever been separated from the child? _____

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

Has child's father ever been separated from the child? _____

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

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? _____

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? _____

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

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.

Does your child have frequent colds? _____

Fevers? _____ Vomits easily? _____ Ear aches? _____ Strep throat? _____

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

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

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)?

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?

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:

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):

18-24 months/2s/Trans. 2s & 3s _____	Trad. 3-Year-Old _____	4s/Pre-K _____
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 _____