

APPLICATION FOR ADMISSION First Baptist Church Weekday School

2790 Pulaski Hwy
Columbia, TN 38401
www.thefirstfamily.org

Director: Pilar Candler 931-381-7832 pilar@thefirstfamily.org
Administrator: Joey Scruggs 931-388-2655, ext 29 joey@thefirstfamily.org



CHILD'S FULL NAME _____ NICKNAME _____

DATE OF BIRTH _____ GENDER: Male Female

HOME ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ HOME PHONE _____ ALTERNATE PHONE _____

EMAIL ADDRESS _____

MOTHER'S FULL NAME _____ MAIDEN _____

MOTHER'S EMPLOYER (if applicable) _____

EMPLOYER'S ADDRESS _____ PHONE _____

DAYS AND HOURS MOTHER IS AT WORK _____

FATHER'S FULL NAME _____

FATHER'S EMPLOYER _____

EMPLOYER'S ADDRESS _____ PHONE _____

DAYS AND HOURS FATHER IS AT WORK _____

DO BOTH PARENTS LIVE WITH THE CHILD? Yes No

PARENTS ARE: Married Living Together Divorced Separated Widowed Single

COMPLETE THE FOLLOWING INFORMATION FOR OTHER CHILDREN LIVING IN THE HOME:

<u>NAME</u>	<u>BIRTHDATE</u>	<u>GENDER</u>
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female
_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female

RELIGIOUS AFFILIATION OF PARENTS _____

ACTIVE CHURCH MEMBERS? Yes No IF YES, WHERE? _____

INDICATE THE TYPE OF PROGRAM YOU WISH TO ENROLL YOUR CHILD:
(NOTE: Hours of operation are Monday thru Thursday, 9:30 a.m. to 2:00 p.m.)

- 4 day 2 day (Monday & Wednesday) 2 day (Tuesday & Thursday)
 "We are interested in any available openings."

FOR OFFICE USE ONLY

Date Application Received _____ Date Accepted _____

Registration Fees Paid _____ Assigned Schedule _____

Assigned Class _____ Immunization Records Received _____

EMERGENCY INFORMATION (additional information on back of this form)

CHILD'S NAME _____ CLASS _____

Please list additional contacts should the primary guardians be unavailable:

Additional Contact #1

NAME _____ RELATIONSHIP TO CHILD _____

ADDRESS _____ PHONE _____

EMPLOYER _____ PHONE _____

Additional Contact #2

NAME _____ RELATIONSHIP TO CHILD _____

ADDRESS _____ PHONE _____

EMPLOYER _____ PHONE _____

Medical Information

CHILD'S PHYSICIAN(S) _____

OFFICE ADDRESS _____

OFFICE PHONE _____ HOME PHONE _____

ALLERGIES _____

KNOWN MEDICAL CONDITIONS _____

In case of a medical emergency, every effort will be made to reach the child's guardians. Emergency medical treatment will be sought only in extreme cases after all efforts to reach parents have failed.

By my(our) signature(s) at the bottom of this page, I(We) hereby authorize the staff of First Baptist Church Weekday School and its agents to use whatever medical treatment is necessary in case of an extreme emergency and I(we) cannot be contacted.

If parents are divorced, the custodial parent is _____. I have provided First Baptist Weekday School with a copy of my custody order. _____ (please initial)

RELEASE OF CHILD INFORMATION

Children will only be released to the primary guardians or those authorized by the list below. Please list the names of those who have your permission to pick up your child from the Weekday School: Please advise these persons, should they be called on to provide transportation for your child, to have a **photo identification card** with them. This will need to be checked before the child is released to them. This is for the protection of your child and to insure the integrity of our program.

<u>NAME</u>	<u>RELATIONSHIP TO CHILD</u>	<u>PHONE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

FATHER'S SIGNATURE (or legal guardian): _____

MOTHER'S SIGNATURE (or legal guardian): _____

DATE _____

DATE _____

ABOUT YOUR CHILD

Child's special food needs: Allergies _____ Diabetic diet _____ Other _____

List any known food allergies: _____

If Child refuses to eat, how is this handled? _____

Requires help in: Dressing___ Undressing___ Toileting___ Eating___ Washing hands___

Is Child toilet trained? Yes___ No___ Words used in toileting _____

Is Child toilet trained for napping time? Yes___ No___

Is Child accustomed to resting during the day? Yes___ No___ If so, how long? _____ From what times? _____

Special toy or blanket for resting? _____ Is this in backpack? _____ Does it need to go home daily? _____

Physical, emotional, or learning problems that we should be aware of: _____

Does Child have any special fears? Yes___ No___ If so, please explain: _____

When Child is upset, what helps to comfort him/her? _____

How does Child express anger or frustration? _____

Favorite toys, games, or activities: _____

What are some ways the Child plays at home? _____

Does Child have opportunities to play with children from other families? Yes___ No___

How does he/she react in this situation? (Ex: sharing, cooperating, pouting, etc.) _____

Other information we should have concerning your child that would help us to understand him/her better? _____

What are your expectations of First Baptist Weekday School? _____

"I understand the information given will only be used to give the best possible care to my child, and will not be released to any one other than the Children's Pastor, Director, and my child's teacher."

FATHER'S SIGNATURE (or legal guardian):

MOTHER'S SIGNATURE (or legal guardian):



First Baptist Church Weekday School Transportation Plan

_____ will be dropped off each morning to First Baptist Weekday School by: (please list anyone who may drop off your child)

_____, _____,
_____, _____,
_____, _____.

_____ will be picked up each afternoon from First Baptist Weekday School and taken home by: (please list anyone who may pick up your child)

_____, _____,
_____, _____,
_____, _____.

Parent signature: _____ Date: _____