



First Baptist Church of Weddington Preschool

Registration Form

Child's Name: _____

Preferred Name: _____

Date of Birth: ____ / ____ / ____

Gender: Male Female

Mailing Address: _____

City: _____

State: _____

Zip: _____

Desired Class (Must be age appropriate as of August 31st, for the class selected):

2's (Mon/Wed)

2's (Tues/Thurs)

3's (Tues-Thurs)

4's (Mon-Thurs)

TK (Mon-Thurs)

Parent Contact Information

Mother: _____

Phone: _____

Email: _____

Employer: _____

Father: _____

Phone: _____

Email: _____

Employer: _____

Parent's Marital Status: Married Separated Divorced Widowed

General Information

Other children in home (names & ages): _____

Previous preschool experience? _____

Photo Release

I give my permission for the FBCW Preschool to use images of my child taken at school or school-related events, in any FBCW publications and promotional materials. These may include use in print materials, presentations, and on the FBCW Preschool web site. I understand that these photos will be used for the sole purpose of promoting or reporting on the FBCW Preschool.

Yes No

Medical Release

In case of medical emergency, I understand every effort will be made to contact parents or guardians. In the event I cannot be reached, I authorize the school to acquire necessary medical attention, including having the child transported to a hospital or medical treatment facility.

Emergency Contact Phone

Physician's Name Phone

Medical History

Hearing Loss or difficulties? Vision difficulties?

Speech difficulties? Vaccinations Current?

(FBCW Policy states that children must be immunized according to the requirements of the NC Dept. of Health and Human Services. No exemptions.)

Hospitalizations

Surgeries

Other serious illnesses

Allergies**

**** Allergies that will affect the classroom will require a doctor's note explaining the specific allergies and their severity.**

Anything you feel we should know about your child? (i.e. fears, developmental delays, habits, etc.)

Does your child exhibit any behavioral concerns we should be aware of?

Is your child working with any kind of therapist (i.e. speech, occupational, behavioral, etc?)

Signature

Parent Signature

Date / /

I understand that in order to enroll my child in the Preschool program, this form must be submitted with a \$150 non-refundable registration fee.

OFFICE Use Only:

Date Paid: Online Check # Amount: