

WEEKDAY PRESCHOOL AND KINDERGARTEN
First Baptist Church Powder Springs
2's- Kindergarten
(Please use blue/black ink pen)

CHILD:

Name: _____ Name Called: _____
Address: _____ Phone (H) _____
Age _____ Gender _____ Date of Birth _____
(as of September 1 of this year)

FAMILY:

Father's Name _____	Mother's Name _____
Occupation _____	Occupation _____
Phone _____ (W)	Phone _____ (W)
_____ (C)	_____ (C)
_____ E-mail	_____ E-mail

Parent's Status: Married() Separated() Divorced() Other ()
If divorced, are there any restrictions on custody, visitation, etc that we should be aware of? _____ Yes _____ No If so, please specify _____
(Copy of custody papers MUST be on file in the Weekday Office)

If child does not live with natural parents, please explain _____

Siblings:

Name _____	Date of Birth _____
Name _____	Date of Birth _____
Name _____	Date of Birth _____

EMERGENCY PICKUP

Persons other than parents or legal guardians allowed to pick up your child

Name	Relation to Child	Phone Number
1. _____		
2. _____		
3. _____		

Name of person responsible for daily pick up of child:

Name	Relation to Child	Phone Number
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Please notify the WP office immediately if there are any changes in your child's records

Parent Questionnaire: (some questions may not pertain to your child because of age)

1. Please tell us a little about your child's personality. (Ex-agreeable, strong willed, shy, outgoing, etc) Please note anything that may contribute to a better understanding of your child and his/her needs. _____

2. Is your child potty trained? _____ Children must be FULLY potty trained to attend 3 year, 4 year, or Kindergarten classes
3. Please list any other preschool programs your child has previously attended or activities he/she has been involved in: _____
4. Does your child prefer one hand to the other? _____ If yes, which one? _____
5. Describe your child's status of speech _____
6. **FBCPS does not have the staff or materials/equipment to provide adequate instruction for children with significant learning/emotional/behavioral disabilities.** To your knowledge, does your child have any such problem? _____ If yes, please explain

Additional items needed:

- Copy of Student's Certified Birth Certificate
- Georgia Certificate of Immunization #3231
This certificate cannot be expired
- Notarized Medical Treatment Form (next form in this packet)
This can be notarized in the Weekday Preschool office

CONSENT TO PHOTO

I give permission for my child's _____ (student's name) photograph or image to be published in print (newsletters, brochures, newspaper, etc.), video or website in conjunction with the promotion of First Baptist Church Powder Springs. I understand that at no time will my child's partial or full name, or any information, be attached to any material used in production.

Parent or Legal Guardian Signature

Date

ACKNOWLEDGEMENT OF EXEMPTION

I, _____, hereby acknowledge that the Weekday Preschool of First Baptist Church Powder Springs is not licensed or required to be licensed by the state of Georgia. The letter of exemption is posted in the Weekday Preschool office.

Parent or Legal Guardian Signature

Date