Enon Chapel Baptist Church

Pre-School Application

2020-2021 School Year

Registering Child for:

___ 3 Day 3Year Old Class (Must be 3 by 8/31/2020)

___ 3 Day 4Year Old Class (Must be 4 by 8/31/2020)

Child's Full Name_____ Nickname_____

Date of Birth (MM/DD/YR) _____ Gender (Please Circle) M F

Address_____

City_____ State ___ Zip Code _____

Does your child have any allergies, medical or behavior problems?

_____

_____

Family Information

Father's Name _____ Active Duty Military (Please circle) Y N

Cell Phone Number _____ Work Phone Number _____

Mother's Name _____ Active Duty Military (Please circle) Y N

Cell Phone Number _____ Work Phone Number _____

Marital Status of Parents (Please check one)

Married ___ Single ___ Separated ___ Divorced ___

**** Child must be fully potty trained ****

If separated or divorced what parent has legal custody? _____

Is this child adopted? (Please Circle) Y N

If yes, does the child know? (Please Circle) Y N

What Church does your family attend? _____

Does the child attend Church and/or Sunday School regularly? (Please circle) Y N

Emergency Contact Information

Please list two local emergency contacts in case a parent cannot be reached:

Name _____ Relation _____

Phone Number _____

Name _____ Relation _____

Phone Number _____

Names and Ages of Brothers or Sisters:

_____ _____

_____ _____

_____ _____

Is your child right or left handed? (Please circle) Right Left

Does your child wear eye glasses? (Please circle) Y N

Does your child have playmates his or her own age? (Please circle) Y N

What are your child's favorite play activities? _____

_____

Is your child fully potty trained? (Please circle) Y N

Students are not allowed to wear pull-ups and must be fully potty trained to be accepted.

Please list any other information you think may be helpful (fears, sleep and nap habits, eating habits, behavior traits such as nail biting, thumb sucking, tantrums, biting, etc.)?

_____

_____

_____

How did you hear about us? _____

Having read and agreed to the school policies attached, I/we hereby apply for admission of

_____to Enon Chapel Baptist Church Preschool for the 2020-2021 School year.
(Child's Name)

Please include with this application a registration fee of $30, a copy of the child's birth certificate and a copy of the child's immunization record. I will comply with the rules and regulations as suggested by this school.

Parent Signature _____ Date: _____