

# **SMITHFIELD BAPTIST PRESCHOOL** **STUDENT APPLICATION**

Date of Application \_\_\_\_\_ Program Requested: \_\_\_\_\_  
2<sup>nd</sup> Choice \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age by Sept.30 \_\_\_\_\_

Name to be used (if different from first name) \_\_\_\_\_ Sex \_\_\_\_\_ M/F

Street Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Previous School/Program Attended \_\_\_\_\_

How Did You Learn of Our Program? \_\_\_\_\_  
Siblings Attend(ed)? \_\_\_\_\_

## ***Family Information***

Father \_\_\_\_\_ Place Employed \_\_\_\_\_ Phone \_\_\_\_\_  
Cell \_\_\_\_\_

Mother \_\_\_\_\_ Place Employed \_\_\_\_\_ Phone \_\_\_\_\_  
Cell \_\_\_\_\_

Marital Status of Parents (Circle) Married Separated Divorced Single Parent w/custody

Both Parents Living At Home Yes No

Legal Guardian (if not parents) \_\_\_\_\_

Person(s) Responsible for Child's Tuition \_\_\_\_\_

Names and Ages of Other Children \_\_\_\_\_

Church Membership/Affiliation \_\_\_\_\_

(Complete back)

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**OFFICE USE ONLY**  
**IDENTITY VERIFICATION**

Place of Birth \_\_\_\_\_ Birth Certificate Number \_\_\_\_\_

Birth Date Verified \_\_\_\_\_ Date Issued \_\_\_\_\_

**Current Immunization Record on file** \_\_\_\_\_

## ***Physical and Developmental Information***

**Is your child.....**

potty-trained? (free from pull-ups) \_\_\_\_\_  
Does he communicate to you his toileting needs? \_\_\_\_\_  
Is he able to go unassisted? \_\_\_\_\_

right or left-handed? \_\_\_\_\_

extremely shy? \_\_\_\_\_

Can he walk/run freely? \_\_\_\_\_ Is he able to grab & hold small objects? \_\_\_\_\_

**Does your child.....**

have any allergies? \_\_\_\_\_

have any medical problems? \_\_\_\_\_

take any medications on a regular basis? \_\_\_\_\_

attend(ed) any speech, occupational, or physical therapy?  
If so, please explain nature of problem.

\_\_\_\_\_

have any fears? \_\_\_\_\_ (i.e. particular animals?)

seem happy most of the time? \_\_\_\_\_

enjoy playing with other children? \_\_\_\_\_

**Has your child** been diagnosed with any developmental and/or learning disorder which would require special attention? \_\_\_\_\_

**Have you had** any concerns regarding your child's development? \_\_\_\_\_

*If necessary, please use this space to give us any information that will help us understand and work more effectively with your child.*

\_\_\_\_\_

### **PUBLICITY/ INFORMATION AUTHORIZATION**

I give permission for SBP to use photographs that may include my child for publicity/advertising. I give permission for SBP to share address and phone information for class/school directories.

\_\_\_\_\_  
Parent/Guardian's signature

# ***AUTHORIZATION FORM***

Because we are a concerned and caring school, we want to take every precaution to insure your child's safety. We have a very strict policy regarding dismissal from preschool. Unless we have written authorization, your child will not be released to anyone other than the parent. Please list below any persons authorized to pick up your child. Include your emergency contacts, other family members, etc. Anyone who is not on this list will not be permitted to pick up your child unless we have further written authorization. This list may be revised by the parent/guardian at any time.

All children are signed in and out at the classroom door daily. Anyone not personally known by the teacher or substitute must present identification. In order to avoid any embarrassment or inconvenience, please ask anyone picking up your child to have proper identification with them. This will enable us to secure your child's safety.

Child's name \_\_\_\_\_

Authorized person(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_

Date \_\_\_\_\_

