

SMITHFIELD BAPTIST PRESCHOOL **STUDENT APPLICATION**

Date of Application _____ Program Requested: _____
2nd 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 Reverse Side

OFFICE USE ONLY

Place of Birth _____ Birth Certificate Number _____

Birth Date Verified _____ Date Issued _____

Student Health Record on file _____

Physical and Developmental Information

Is your child...

potty-trained? (free from pull-ups) _____

Does he communicate to you his toileting needs? _____

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 conditions? _____

take any medications on a regular basis? _____

(APPROPRIATE FORMS MUST BE COMPLETED)

attend(ed) any speech, occupational, or physical therapy?

If so, please explain.

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.

EMERGENCY CONTACT AND AUTHORIZATION FORM completed at start of school year.

SCHOOL POLICIES (Copies available in the office and online)

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, phone, and email 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.

Anyone not personally known 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 _____

