



**First Christian School
Preschool Program (Early Learners)
Registration Application**

Requested Schedule:

_____ 5 Part Days (8:25 – 11:30)

_____ 5 Full Days (8:25 – 6:00)

_____ am extension option(6:30 – 8:25)

_____ am extension option(6:30 – 8:25)

_____ 3 Part Days (Mon/Wed/Fri) (8:25 – 11:30)

_____ 3 Full Days (Mon/Wed/Fri) (8:25 – 6:00)

_____ am extension option(6:30 – 8:25)

_____ am extension option(6:30 – 8:25)

_____ 2 Part Days (Tues/Thurs) (8:25 – 11:30)

_____ 2 Full Days (Tues/Thurs) (8:25 – 6:00)

_____ am extension option(6:30 – 8:25)

_____ am extension option(6:30 – 8:25)

Child's Name: _____ Sex: M F
(Last) (First) (Middle)

Child's Preferred Name: _____(First, Middle or Nickname)

Date of Birth: _____ Age: _____

Home Address: _____

Is Father living? Y N Is Mother Living? Y N Separated? Y N Divorced? Y N

Father's Name: _____
(Last) (First) (Middle)

Phone Numbers: (H) _____(W) _____(C) _____

Email Address: _____

Occupation: _____ Employer: _____

Business Address: _____

Mother's Name: _____
(Last) (First) (Middle)

Phone Numbers: (H) _____(W) _____(C) _____

Email Address: _____

Occupation: _____ Employer: _____

Business Address: _____

Names, Addresses, and Phone Numbers of Two People to Contact if Parents cannot be reached:

1. _____

2. _____

Person(s) Authorized to pick up Child:

(Name) (Relationship to Child)

(Name) (Relationship to Child)

Person(s) **NOT** Authorized to pick up Child:

(Name) (Relationship to Child)

(Name) (Relationship to Child)

****Appropriate paperwork such as the divorce decree must be attached if a parent is not allowed to pick up the child.***

What is your church affiliation? _____

Other members of the family (brothers, sisters, grandparents, etc.) that live in the home:

Name	Age	Relationship to child
_____	_____	_____
_____	_____	_____
_____	_____	_____

About your child:

Has your child had a previous school experience? Yes No

If yes, please give the name and type of school:

_____ Length of attendance: _____

How many hours does your child sleep at night? (Approximately) _____

Describe your child's appetite: ___ Always hungry ___ Eats at mealtimes ___ Snacks

___ Snacks all day ___ Never hungry ___ Has to be coaxed to eat

Are there any foods that your child may not or cannot eat? (due to allergies, religious customs, etc.) Yes No

If yes, please list:

Special Interests:

___ Singing ___ Painting ___ Stories ___ Trucks ___ Pets ___ Outside Play

___ Coloring ___ Dance Other: _____

Is your child: ___ Generally cooperative? ___ Shy? ___ Competitive? ___ Aggressive?

___ Sensitive? ___ Submissive? ___ Angry? ___ Happy? ___ Whines?

___ Usually does what is asked of him/her? ___ Seldom does what is asked of him/her?

List other behavior characteristics of your child:

Things you would like to see your child do at school?

If you were referred to First Christian School, please list who referred you?