

**ENROLLMENT QUESTIONNAIRE
FIRST BAPTIST CHURCH OF PELHAM KINDERGARTEN**

- 3 year Old Class (Tues./Thurs.)
- 3 Year Old Class (Tues./Wed./Thurs.)
- 3 Year Old Class (Mon./Wed./Fri.)
- 4 Year Old Class (Mon./Wed./Fri.)
- 4 Year Old Class (Tues./Wed./Thurs.)
- 4 Year Old Class (Everyday)
- 5 Year Old Class (Everyday)

A registration fee of one month's tuition must accompany this form. This fee is non-refundable (possible exceptions for families relocating.)

GENERAL INFORMATION

Child's Name _____ Name Used at Home _____

Date of Birth _____ Present Age _____ Sex _____

Home Address _____

Mother's Name _____ Occupation _____

Home Phone _____ Business _____ Cell _____

Father's Name _____ Occupation _____

Home Phone _____ Business _____ Cell _____

FAMILY SITUATION

Is child adopted? _____ If so, what age? _____ Child lives with parents? _____

Other? _____ Names and ages of other children at home _____

RELIGIOUS AFFILIATION

Church you attend? _____

If no membership, give church preference _____

MEDICAL HISTORY OF CHILD

Hearing, vision or speech difficulties? _____

Is child receiving therapy for any condition at this time? If so, what? _____

ALLERGIES? (If allergic, please list what food/foods cannot be eaten. Also, can the child be seated next to someone with that food? What steps are taken in case of emergency?)

SOCIAL AND PHYSICAL GROWTH

Is your child . . .

Right or left handed? _____

Unusual Fears? _____

Well-coordinated? _____

Does he/she talk well? _____

Clumsy? _____

Shy? _____

Dare-devil behavior? _____

Domineering? _____

Dressing and toilet . . . (Children should be potty-trained before entering K-3)

Can child dress him/herself? _____ Manage buttons? _____ Zippers? _____

Shoe Laces? _____ Can the child tell an adult when he/she needs to use the restroom? _____

Is the child "potty" trained? _____ Can the child manage him/herself completely? _____

Growing up . . .

Do you have any concerns about your child that we need to be aware of? _____

What is your child's attitude toward him/herself? _____

What do you feel your child's special abilities or capabilities are? _____

Experiences with others . . .

How often do you read to your child? _____

List methods of discipline used with your child. _____

In what ways do you expect our program to help your child? _____