

**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 (Monday – Friday)
- K-5 Class (Monday – Friday) – K-5 class hours are 8:30 – 1:00

**All children should be “potty trained” prior to school beginning in September.
The registration fee 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 _____

Email 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?)

CHILD'S NAME _____

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 . . All children should be "potty trained" prior to school starting in September.

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? _____