

Bay Area Christian Preschool
Enrollment Form

Child's name: _____
Birth date: _____ Age: _____
Address: _____
City: _____ Zip: _____
Home phone: _____
Other children in family (name and ages): _____

Mother's Information

Mother's name: _____ Occupation: _____
Employer: _____
Business phone: _____ Pager/cell phone: _____

Father's Information

Father's name: _____ Occupation: _____
Employer: _____
Business phone: _____ Pager/cell phone: _____

Custody Information

Person(s) with legal custody of child (relationship): _____

Emergency Contact Information

Person to be contacted when parents cannot be reached: _____
Home phone: _____ Business phone: _____
Relationship to child: _____

Security Information

Person(s) authorized to pick up child: _____
Person(s) **NOT** authorized to pick up child: _____

Day Care Information

Name of other school/day care child attends: _____
Phone: _____
Director(s) name: _____

Medical Information

Please list any allergies: _____
Are there any health issues we need to be aware of? _____ If so, please explain briefly _____

Authorization for Emergency Medical Attention

Physician's name: _____ Phone: _____

I, _____, give the Facility Director or other person in charge
(parent/legal guardian)
of Bay Area Christian Preschool, the authority to provide for or sign for medical treatment for

(your child's name)

_____ Date: _____

Signature parent/legal guardian

Toxic Fume Evacuation

I give permission for my child to be evacuated from school and then taken to a safe place **BEFORE**
the school contacts me.

_____ Date: _____

Signature parent/legal guardian

Current Immunization Record

My child's immunization record is up-to-date and I have provided a copy to Bay Area Christian
Preschool.

_____ Date: _____

Signature parent/legal guardian

Picture Permission

I give permission for my child's picture to be taken for class directory, class picture books, and/or
school/class video.

_____ Date: _____

Signature parent/legal guardian

Classroom Directory Information

I give my consent for Bay Area Christian Preschool to publish my child's name, parents' name,
address, and telephone number in a Classroom Directory that will be distributed to my child's class
only.

_____ Date: _____

Signature parent/legal guardian

Parent Handbook

I agree to abide by the policies and procedures as stated in the Parent Handbook.

_____ Date: _____

Signature parent/legal guardian

Student Information Form for Teachers

Child's name: _____
What neighborhood/city do you live in? _____

Home Life Information

Do biological parents live together? _____
If not, where does the other parent live? _____
Who does the child live with? _____

List all persons living in the household:

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____

List all pets in the household:

Name: _____	Type: _____
Name: _____	Type: _____
Name: _____	Type: _____

Miscellaneous Information

Do you attend church? _____ Where: _____ How often: _____
Has your child attended preschool or mother's day out before? _____ If so, how
was your child's adjustment? _____

What does your child like to do? _____

What are some strengths you see in your child? _____

Is there anything else we need to know about your child that would help us understand
your child better? _____

What are some of your expectations for this year of preschool? _____
