



FORT CAROLINE BAPTIST ACADEMY  
Preschool Admission Application

**Preschool classes—8:30-11:30 VPK Classes**

- 2 day Two year old
- 3 day Two year old
- 5 day Two year old
- 2 day Three year old
- 3 day Three year old
- 5 day Three year old

- VPK Fours **Monday-Friday**  
8:30—11:45 a.m.
- VPK Fours 3-day class**  
8:30—1:30 p.m.

CIRCLE DAYS CHILD STAYS

Lunch Bunch needed **M T W TH F**

Lunch Bunch for a.m. classes only 11:30—2 p.m.

Hours: am classes 8:30 - 11:30/11:45

**FEES PAID**

AMT PD \_\_\_\_\_

CK# \_\_\_\_\_ Cash

DATE \_\_\_\_\_

BANK \_\_\_\_\_

Certificate of Eligibility

# \_\_\_\_\_

**SPECIAL REQUEST**

**(No Guarantees)**

**GENERAL INFORMATION (Please complete application in its entirety)**

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Present age \_\_\_\_\_ Sex: Male Female

Address \_\_\_\_\_ Zip \_\_\_\_\_

**1st Call phone # \_\_\_\_\_ (This will be our first call in all emergencies)**

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Phone \_\_\_\_\_ Date of birth \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Phone \_\_\_\_\_ Date of birth \_\_\_\_\_

(Required)

\* **Cell or Mobile phone (Mom)** \_\_\_\_\_ **(Dad)** \_\_\_\_\_

***We primarily communicate using email.***

**Email:** \_\_\_\_\_ **Secondary Email address:** \_\_\_\_\_

**RELIGIOUS AFFILIATION**

Family religious preference \_\_\_\_\_ Church membership \_\_\_\_\_

**EMERGENCY INFORMATION**

Name of child's doctor \_\_\_\_\_ phone \_\_\_\_\_

**ALLERGIES (FOOD ETC....)** \_\_\_\_\_ **Medication needed: YES / NO**

Does your child have any speech, hearing or vision problems? \_\_\_\_\_

\_\_\_\_\_ Hospitalizations? \_\_\_\_\_ Operations? \_\_\_\_\_

Other illnesses? \_\_\_\_\_

**Local person authorized to act for parents in emergency (e.g.—babysitter, relative, etc...)**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

**FAMILY SITUATION**

Child lives with \_\_\_\_\_ both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other (Explain)

Names and ages of other children in the home. \_\_\_\_\_

Has your child attended a preschool program before? \_\_\_\_\_

Name of school and previous teacher. \_\_\_\_\_

**PLEASE COMPLETE BACK**

**SOCIAL AND PHYSICAL GROWTH: (Please circle one.)**

- Does your child look at you when you talk to him/her?      **Yes**      **Sometime**      **Rarely**
- Does your child cling to you more than you expect?      **Yes**      **Sometime**      **Rarely**
- Does your child talk and/or play with adults she knows well?      **Yes**      **Sometime**      **Rarely**
- When upset, can your child calm down within 15 minutes?      **Yes**      **Sometime**      **Rarely**
- Does your child do what you ask him/her to do?      **Yes**      **Sometime**      **Rarely**
- Does your child seem happy?      **Yes**      **Sometime**      **Rarely**
- Does your child sleep at least 8 hours in a 24-hour period?      **Yes**      **Sometime**      **Rarely**
- Does your child use words to tell you what she wants or needs?      **Yes**      **Sometime**      **Rarely**
- Can your child stay with activities he/she enjoys for at least 10 min? (Not including television or videos)      **Yes**      **Sometime**      **Rarely**
- Does your child go to the bathroom by himself/herself?      **Yes**      **Sometime**      **Rarely**

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Does your child have any problems that concern you? \_\_\_\_\_

Do you feel your child is developmentally on target? \_\_\_\_\_

What do you feel are his/her special abilities or capabilities? \_\_\_\_\_

What do you consider a challenge for your child? \_\_\_\_\_

**EXPERIENCES WITH OTHERS**

What are some of the ways your child plays at home? \_\_\_\_\_

Favorite toys? \_\_\_\_\_

Special interests? \_\_\_\_\_

Favorite TV program? \_\_\_\_\_

Favorite foods? \_\_\_\_\_

Does he/she play well with other children their age? \_\_\_\_\_

How does he/she react when he/she does not get his/her way? \_\_\_\_\_

Is child enrolled in a special group (dancing, art, sport etc.)? \_\_\_\_\_

How often do you read to your child? \_\_\_\_\_

Tell us some fun things you enjoy with your child. \_\_\_\_\_

What are your expectations of our program? \_\_\_\_\_

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*Thank You*