

Enrollment
White Oak Baptist Child Care Center
It is essential that you keep this information updated
Please notify us of any changes.

OFFICE USE ONLY	
<input type="checkbox"/>	DSS Form
<input type="checkbox"/>	Discipline Policy
<input type="checkbox"/>	Immunization Form
<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Custody Order/Guardianship
<input type="checkbox"/>	Registration Fee
<input type="checkbox"/>	Promise to Pay

Number of Days to Attend	These days are not negotiable. They are only at the approval of the director. Other combinations of days are not possible.
<input type="checkbox"/> 5 days <input type="checkbox"/> M-W-F <input type="checkbox"/> Tu-Th Entrance Date _____	

Name	Name Used at Home
_____ <small>First Middle Last</small>	

Date of Birth	Present Age	Sex	Previous Program Attended
_____ <small>Mo. Day Yr.</small>			

Home Address				
Number	Street	City/Town	State	Zip

Home Phone	Home E-mail
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Father's Information

Name	Driver's License Number	State
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Company/Business	Occupation/Job Title	Business Phone w/ Extension
		Cell Phone

Mother's Information

Name	Driver's License Number	State
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Company/Business	Occupation/Job Title	Business Phone w/Extension
		Cell Phone

Do parents live together? <input type="checkbox"/> Yes <input type="checkbox"/> No	Give names of others who live in the home and relationships to your child.
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List names and ages of other children in the home.	
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	Name of Church
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Is another language spoken in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is it? _____	Pastor's Name
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Does your child usually nap each day? Yes No If yes, how long? _____ At what time(s)? _____	In what church activities is your family involved?
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Is your child willing to try new foods? Yes <input type="checkbox"/> No <input type="checkbox"/> Is your child an eager eater? Yes <input type="checkbox"/> No <input type="checkbox"/> What else do we need to know about his/her eating habits?	
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Please check the column that most accurately describes your child and give the specifics in the space to the right.	Has Now	Had, but no longer has	Has never had
1. Physical handicap			
2. Developmental delay			
3. Chronic disease or condition			
4. Eye or vision problems			
5. Ear or hearing problems			
6. Difficulty with toilet training			
7. Difficulty with bowel movements or urination			
8. Speech problems			
9. Allergies to food			
10. Allergies to environmental substances			
11. Temper tantrums			
12. Fears, nightmares, bad dreams			

If someone other than a parent will be picking your child up from kindergarten/late stay on a regular basis, please supply the following information.

Name	Relationship to Child	Vehicle Description	Phone Number(s) where the person may be reached at pick-up time

What other persons are authorized to pick up your child?

What else would you like the caregivers to know about your child and your family?