

OFFICE USE ONLY

- DSS Form
- Discipline Policy
- Immunization Form
- Birth Certificate
- Custody Order/Guardianship
- Promise to Pay form
- Registration Fee \$75

You may indicate a teacher preference. However, the teacher might not be teaching here or might not be teaching the same grade level. We will honor your request as far as possible on a first-come/first-served basis until the class is filled.

Enrollment

White Oak Baptist Kindergarten

Teacher Preference: _____

Age Group and Number of Days to Attend [must be the correct age by September 1 of the enrollment year]

- Kindergarten 5 **5 days only**
 Kindergarten 4 **5 days only**
 Kindergarten 3 3 days 5 days

Name				Name Used at Home			
First	Middle	Last					

Date of Birth	Mo.	Day	Yr.	Present Age	Sex	Previous Program Attended
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Home Address				
Number	Street	City/Town	State	Zip

Home Phone	Home e-mail
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Father's Information **Mother's Information**

Name	First	MI	Last	Name	First	MI	Last
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Company/Business	Company/Business
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Occupation/Job Title	Occupation/Job Title
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Business Phone w/Extension	Cell Phone	Business Phone w/Extension	Cell Phone
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E-mail	Driver's License #	E-mail	Driver's License #
	State		State

Do parents live together? Yes No **Please attach step-parent information, if applicable.**

List names and ages of other children in the home.	Give names of other adults who live in the home and indicate relationships to your child.
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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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In what special groups [sports, dance, etc.] is your child involved?	In what church activities is your child involved?
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Does your child usually nap each day? Yes No If yes, how long? _____

Is your child willing to try new foods? Yes No What is his/her favorite food? _____

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—please specify			
2. Developmental delay [diagnosed]			
3. Learning Disability [diagnosed] IEP ()Yes ()No			
4. Chronic disease or condition—please specify			
5. Eye or vision problems—please specify			
6. Ear or hearing problems, hearing loss—please specify			
7. Difficulty with toilet training			
8. Difficulty with bowel movements or urination			
9. Speech problems, structural mouth defects—please explain on reverse of this sheet			
10. Allergies to food—please specify			
11. Allergies to environmental substances—please specify			
12. Temper tantrums			
12. Fears, nightmares, bad dreams			

Form continues on reverse

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?

We will make every effort to reach you first in an emergency while your child is in our care, however this might not be possible. Please give information for at least 2 individuals who may be reached locally and who are authorized by you to make decisions for your child in your absence.

Name First MI Last	Name First MI Last
Address	Address
Home Phone	Cell Phone
Home Phone	Cell Phone
Business Phone w/Extension	Driver's License # State
Business Phone w/Extension	Driver's License # State

Please notify the office in writing or by e-mail kindergarten@whiteoakbaptistchurch.org of any changes in the information on this application.