

WEEKDAY PRESCHOOL AND KINDERGARTEN  
First Baptist Church Powder Springs  
1 Year-5K Kindergarten  
*(Please use blue/black ink pen)*

CHILD:

Name: \_\_\_\_\_ Name Called: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone (H) \_\_\_\_\_  
Age \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_  
**(as of September 1 of this year)**

FAMILY:

Father's Name _____	Mother's Name _____
Occupation _____	Occupation _____
Phone _____ (W)	Phone _____ (W)
_____ (C)	_____ (C)
_____ E-mail	_____ E-mail

Parent's Status: Married( ) Separated( ) Divorced( ) Other ( )  
If divorced, are there any restrictions on custody, visitation, etc that we should be aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, please specify \_\_\_\_\_  
(Copy of custody papers MUST be on file in the Weekday Office)

If child does not live with natural parents, please explain \_\_\_\_\_  
\_\_\_\_\_

Siblings:

Name _____	Date of Birth _____
Name _____	Date of Birth _____
Name _____	Date of Birth _____

EMERGENCY PICKUP

Persons other than parents or legal guardians allowed to pick up your child

Name	Relation to Child	Phone Number
1. _____		
2. _____		
3. _____		

Name of person responsible for daily pick up of child:

Name _____	Relation to Child _____	Phone Number _____
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*\*Please notify the WP office immediately if there are any changes in your child's records\**

**Parent Questionnaire:** (some questions may not pertain to your child because of age)

1. What do you expect your child to achieve by attending the FBCPS Weekday Program? \_\_\_\_\_
2. Why do you wish to enroll your child in a Christian-based preschool? \_\_\_\_\_  
\_\_\_\_\_
3. Please tell us a little about your child's personality. (Ex-agreeable, strong willed, shy, outgoing, etc) Please note anything that may contribute to a better understanding of your child and his/her needs. \_\_\_\_\_  
\_\_\_\_\_
4. Is your child potty trained? \_\_\_\_\_ Children must be potty trained to attend 3yr or 4 yr classes.
5. Please list any other programs your child has previously attended or activities he/she has been involved in: \_\_\_\_\_
6. Does your child prefer one hand to the other? \_\_\_\_\_ If yes, which one? \_\_\_\_\_
7. Describe your child's status of speech \_\_\_\_\_
8. **FBCPS does not have the staff or materials/equipment to provide adequate instruction for children with significant learning/emotional/behavioral disabilities.** To your knowledge, does your child have any such problem? \_\_\_\_\_ If yes, please explain \_\_\_\_\_
9. Is there any other information you can share with us that might help in meeting your child's particular needs? \_\_\_\_\_

Additional items needed:

- Copy of Student's Certified Birth Certificate
- Georgia Certificate of Immunization #3231  
This certificate cannot be expired
- Notarized Medical Treatment Form  
This can be notarized in the Weekday Preschool office

## CONSENT TO PHOTO

I give permission for my child's \_\_\_\_\_ (student's name) photograph or image to be published in print (newsletters, brochures, newspaper, etc.), video or website in conjunction with the promotion of First Baptist Church Powder Springs. I understand that at no time will my child's partial or full name, or any information, be attached to any material used in production.

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Parent or Legal Guardian Signature

Date