

Check One:

___ 3rd Grade ___ 4th Grade

APPLICATION FOR ADMISSION

OFFICE USE ONLY:

___ 1st Grade ___ 2nd Grade

FIRST BAPTIST CHRISTIAN SCHOOL

AND SHINING STARS PRESCHOOL

___ 5 Yr. Kindergarten

Date Received _____

___ Bridge Class

Time Received _____

___ 4 Yr. Preschool

Amount Paid _____

___ 3 Yr. Preschool

Child's Name _____ Cell Phone _____

Name child goes by _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Birthday ____/____/____ Sex _____

Church Preference _____

Father's Name _____ Occupation _____

Place of Employment _____ Telephone _____

Mother's Name _____ Occupation _____

Place of Employment _____ Telephone _____

Step Parent Name(s) _____ Telephone (H) _____

(W) _____

Previous preschool attendance _____

How did you find out about our program? _____

Name, address and phone number of person who would assume responsibility for your child in an emergency if the school is unable to contact parents:

Name _____ Relation _____ Telephone _____

Address _____

Permission is hereby granted for First Baptist Church Shining Stars School personnel to meet the needs of my child in case of an emergency.

Signature of Parent

Date

In my absence, the following people may pick up my child:

_____ Phone _____
_____ Phone _____

Does your child eat breakfast? ___Yes ___No

List other household members and their relationship to your child (brother, sister, etc.)

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's Health Record

Medical History

Please check if your child has had any of the following:

Measles ___ Mumps ___ Chicken Pox ___ Whooping Cough ___ Meningitis ___
Convulsions ___ Allergies (list all) _____

Is there any evidence the following:

Hearing loss or difficulties ___ Explain _____

Speech difficulties ___ Explain _____

List any of the following:

Hospitalizations _____

Operations _____

Other serious illnesses or conditions _____

The purpose of the education Program is to provide care and development of each enrolled child spiritually, mentally, physically, emotionally, and socially. This is to be accomplished by providing learning and developmental experiences consistent with the Christian principles of the First Baptist Church of Rogers, Arkansas, based on the authority of the Bible. No discrimination will be made because of race, creed, or color. The program is an organization of the First Baptist Church and is part of the church's total ministry.

_____ Date ____/____/____

OFFICE USE ONLY

Date of Interview _____ Interviewed by _____

Date of enrollment _____ Class Assignment _____

**FIRST BAPTIST CHURCH OF ROGERS, ARKANSAS
PERMISSION SLIP AND MEDICAL RELEASE FORM**

This is to certify that my child, _____, has my full consent to attend the field trips and away-from-building activities to be held at FIRST BAPTIST CHURCH during the _____ school term. In no way will I hold the above named church, its members, or its leaders responsible for my child in case of an accident or other misfortune to him/her while attending the activity or traveling to and from the activity. I also understand that I am releasing my child to the authorities of the above said church during this time and that they may take any measures they deem necessary for the benefit of my child, including the securing of medical attention.

SIGNED _____

Parent or guardian

DATE _____

BEHAVIOR MANAGEMENT

The following statement defines First Baptist Christian School/Shining Stars Preschool's policy on behavior for young children.

The use of discipline will not be humiliating or frightening to the child. Discipline (correction) will be consistent and still be appropriate to the child's level of understanding and will be directed toward teaching the child acceptable behavior.

Punishment will NOT be associated with the withholding of food or snacks.

Labeling of the child as 'bad' or 'naughty' will be avoided (inappropriate punishment such as verbal abuse, sarcasm, threats or derogatory remarks about the child or his/her family has no place at First Baptist Christian School/Shining Stars Preschool).

Physical punishment will not be administered by the teaching staff or director. Discipline will be used in the following ways:

- The child is talked with about the specific behavior and why it is inappropriate.
- The child is assured that he/she is loved and that no one is angry with him/her.

However, the child is told that for what he/she has chosen to do they will receive an appropriate consequence. Acceptable consequences may include:

Redirection—getting the child refocused on appropriate activities.

Time Out—the child is removed from the situation to a quiet place. The time allotment will be one minute per year of the age of the child.

Prayer and reconciliation will follow as needed and the child will be allowed to return to the group setting.

Biting—a child will be warned once. On the second offense, the child's parents will be called to have a conference with the teacher and director to determine appropriate steps to be taken.

At any point we deem necessary, we reserve the right to call the parents to discuss a discipline problem and take appropriate action. The child may be asked to be removed for the First Baptist Christian School/Shining Stars Preschool program.

First Baptist Christian School/Shining Stars Preschool Staff

Parent Signature _____ **Date** _____