

First Baptist Christian School and Shining Stars Preschool Application for Admission

Check one:

<input type="checkbox"/> Three year olds	<input type="checkbox"/> 2 nd Grade
<input type="checkbox"/> Four year olds	<input type="checkbox"/> 3 rd Grade
<input type="checkbox"/> Bridge	<input type="checkbox"/> 4 th Grade
<input type="checkbox"/> Kindergarten	<input type="checkbox"/> 5 th Grade
<input type="checkbox"/> 1 st Grade	<input type="checkbox"/> 6 th Grade

Date received	_____
Time received	_____
Amount paid	_____
Check number	_____

Child's name _____ Name child goes by _____

Home address _____

City _____ State _____ Zip _____

Home phone _____ Cell 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 school attendance _____

How did you find out about our program? _____

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

Name _____ Relation _____ Phone _____

Address _____

Permission is hereby granted for First Baptist Christian School/Shining Stars Preschool 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.)

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Child's Health Record

Medical History

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

Measles _____ Mumps _____ Chicken Pox _____ Whooping Cough _____ Convulsions _____

Allergies (list all) _____

Is there any evidence of the following:

Hearing loss or difficulties _____ Explain _____

Speech difficulties _____ Explain _____

List any of the following:

Hospitalizations _____

Operations _____

Other serious illnesses or conditions _____

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-the-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 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 _____

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 _____

For Office Use Only

Date of interview _____ Interviewed by _____

Date of enrollment _____ Class assignment _____