

\*\*2017-2018 School Year  
Check # \_\_\_\_\_

Date Received \_\_\_\_\_



Explore my world...expand my mind...experience Jesus...  
watch me grow!

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Name your child prefers to be called \_\_\_\_\_ Male\_\_ Female\_\_

Class Age level 1\_\_2\_\_3\_\_4\_\_K\_\_ Preference of class days M/W\_\_T/R\_\_M-R\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Family email \_\_\_\_\_

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Father/Guardian's Name \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Father's Email Address \_\_\_\_\_

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Mother/Guardian's Name \_\_\_\_\_

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_

Cell # \_\_\_\_\_ Work# \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

**Please list the person you wish to be contacted first in the case a question or concern arises during the school day.**

**Name** \_\_\_\_\_ **best #** \_\_\_\_\_

How did you learn about the Learning Center? \_\_\_\_\_

If there was a particular person who referred you to the Learning Center please let us know their name so we can personally thank them. \_\_\_\_\_

Does your child have any **allergies/medical conditions** we should be aware of? Please explain:

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What are some of your child's interests?

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With whom does your child regularly play?

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Please list other adults that play an important role in your child's life.

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How does your child express their emotions at home?

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What do you see as your child's strengths?

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What do you see as your child's challenges as they enter school this year?

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Does your child enjoy being read to? Y\_\_N\_\_

What are some of your child's favorite books? \_\_\_\_\_

Does your child try to read books, signs, or label? \_\_\_\_\_

Does your child have a regularly scheduled bedtime? Y\_\_N\_\_ If so what time? \_\_\_\_\_

Has your child had any formal evaluations that have required speech, physical, behavioral, or occupational therapy? Please explain.

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What other programs/experience, has your child been involved with? (i.e. daycare, dance, church, babysitters, etc.)

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Are you or your family members of First Baptist Church? Yes \_\_\_ No \_\_\_

Does your family attend church elsewhere? Yes \_\_\_ No \_\_\_

If so where? \_\_\_\_\_

Please include below any additional information that will ensure a successful year for your child and family.

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