

**First Baptist Christian Day School
Registration/Enrollment Form
7300 Gary Street, Springfield, VA 22150
703-451-7144
E-mail Address: m.lee@fbcspringfield.org**

Date of Application ___/___/___ Registration/Activity Fee: \$70 _____ (2 1/2 yr. old class)
(NON-REFUNDABLE) \$70 _____ (3 & 4 yr. old class)

Child's Name _____ Date of Birth ___/___/___
Last First Middle

Name to be used at school if different than above: _____ Male ___ Female ___

Please indicate age group and number of days to attend:

____ 2 years old _____ (2 day only)T/Th
____ 3 years old _____ (2 day)T/Th _____ (3 day)M/W/F _____ (5 day)Mon.-Fri.
____ 4 years old _____ (2 day)T/Th _____ (3 day)M/W/F _____ (4 day)Tues.-Fri. _____ (5 day)Mon.-Fri.

Address

Street _____ City _____ Zip Code _____

Subdivision _____
Home Phone _____
Pager Number _____
E-Mail _____

Father's Name _____
Occupation _____
Office Phone _____
Cell Phone Number _____
Church Affiliation _____

Mother's Name _____
Occupation _____
Office Phone _____
Cell Phone Number _____
Church Affiliation _____

Emergency Contact: _____
Emergency Contact # _____

Are the Parents: Married ___ Divorced ___
Separated ___ Single ___ Deceased ___

Name of care giver _____
Care giver's phone # _____

Brothers and Sisters:
Name: _____ Date of Birth: _____

Class Roster

May we have permission to include your name, address, and home phone in a class roster? The roster is distributed ONLY to Day School families, and is used to help parents form carpools and organize class parties.

Yes _____
Signature _____

No _____
Signature _____

How did you learn about FBCDS? _____

List know allergies _____

List known fears _____

Name of child's doctor in case of emergency:

Name: _____

Phone: _____

Three and Four year olds **MUST** be day-time potty-trained.
Is your child day-time trained?

___ Yes ___ No ___ Will be for school.

Does your child speak English? ___ Yes ___ No

Does your child understand English? ___ Yes ___ No

Has your child attended preschool or a Mother's Day Out?
___ Yes ___ No

Name of preschool or Mother's Day Out last attended: _____

City _____ State _____

What is your child's favorite activity? _____

Parent's regular activities outside of the home (volunteer work, exercise class, Bible study, etc.) In case of an emergency.

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Please complete the reverse side of this form so we might more easily work with your child, and understand his/her needs. Thank you.

I have read the Parent Information Handbook and I understand the policies of the First Baptist Christian Day School. I agree to uphold them.

I understand three and four year old children must be day-time potty-trained to attend FBCDS.

Yes _____
Parent Signature

Yes _____
Parent Signature

No _____
Parent Signature

No _____
Parent Signature

Circle all the words which describe your child:

shy
happy
cooperative
easy going
creative
easily distracted
inquisitive
stubborn
has a temper
possessive
afraid of new things
fearful
sleeps well
belligerent
messy
unhappy
imaginative
long attention span
curious

strong willed
daring
cries easily
good eater
follows simple directions
enjoys group activities
tidy
is a "joiner"
gets sick easily
thoughtful
short attention span
adventurous
shares well
follower
separates well from parents
finicky eater
outgoing
leader
attentive