

**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 known 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.

Yes _____
Parent Signature

No _____
Parent Signature

I understand a late pick-up fee will be imposed on me at the rate of \$1.00 per minute if my child is picked up after dismissal time (12 Noon regularly or 1:00 PM after Lunch Bunch.)

Yes _____
Parent Signature

No _____
Parent Signature

Circle all 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

I understand three and four year old children must be day-time potty-trained and able to care for personal toilet needs independently to be able to attend FBCDS.

Yes _____
Parent Signature

No _____
Parent Signature

I understand a late tuition fee will be imposed on me at the rate of \$15 if my tuition payment is not made by the 15th of each month.

Yes _____
Parent Signature

No _____
Parent Signature

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