



Beginnings Preschool

Bowling Green Baptist Church
225 North Main Street
Post Office Box 543
Bowling Green, Virginia 22427

Date: _____

Enrollment Data

Child's name _____ Nickname _____

Address _____ City _____ Zip _____

Phone _____ Cell _____ Email _____

Circle: Male Female Date of Birth _____

Parents' Names

Parent _____ Occupation _____

Address _____ Business Phone _____

Parent _____ Occupation _____

Address _____ Business Phone _____

In case of emergency, when neither parent can be reached by phone, contact:

Name	Relationship	Address	Telephone
------	--------------	---------	-----------

--	--	--	--

Child Info

Allergies _____

Child's previous school _____

What activities did your child enjoy most there? _____

What has your child learned to do to care for himself/herself? _____

Family Information

Siblings: Name _____ Age _____ School _____

Name _____ Age: _____ School _____

What does your child enjoy doing with his/her siblings? _____

What do parent and child enjoy doing together? _____

Is either parent away for extended periods of time? ____ Yes ____ No

If yes, how does the child adjust? _____

Is there any additional family information that would be useful for us to know in working with your child? (e.g., grandparent in the home, death in the family, sibling expected, recent move, etc.) _____

Information about the child's experiences, personality, and interests

When does your child usually go to bed? _____ When does your child usually arise? _____

What does your child enjoy doing when he/she is alone? _____

What are your child's special interests? _____

What makes your child happiest? _____

What makes your child most unhappy? _____

What are likely to be trouble spots in your child's day? _____

What methods of discipline work best with your child? _____

Are there any areas of life with your child with which you would like guidance or help? _____

Are there other things you would like to tell us about your child that might help us in working with him/her? _____

Parents

Would either parent like to volunteer at Beginnings Preschool? ____ Yes ____ No

Does either parent have a skill (florist, fire fighter, or pumpkin carving) you would like to share? _____

Preschool Permissions

I do ____ do not ____ give my permission to use my child's photograph in any preschool publications and on its web site. I understand that I will preview the use of any photos before they are published.

Parent's Signature _____ Date _____

My child, _____, has my permission to leave school for short field trips with his/her class (ex., to the fire station or for neighborhood walks). I understand that I will be notified in writing and will give written permission for longer trips or those involving transportation by automobile.

Parents Signature _____ Date _____

Virginia State Law requires that all children under the age of 8 be buckled into a safety seat. It is ultimately the responsibility of each child's parents to buckle the child into his seat as he leaves school in the carpool line. The director and staff of the Preschool are available to help with this process, as we walk the children to the cars each day. We ask that you please read and sign the following release form allowing us to buckle your child into his seat at carpool time.

I give the staff of Beginnings Preschool permission to buckle my child into his safety seat or car safety belt during the school year.

Parent's Signature _____ Date _____