



132 North Main Street  
Farmville, VA 23901  
Church: 434-392-5041  
Director: 434-392-4990 (H)

**APPLICATION FOR ENROLLMENT**

**General Information**

Date of Application \_\_\_\_\_ Date to be Enrolled \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

**Class in which you wish to enroll your child (check one):**

Child must be the age listed by September 31 of the year enrolling.

\_\_\_\_\_ 4-year-old program Monday through Thursday

\_\_\_\_\_ 3-year-old program – choose one \_\_\_\_\_ Mon/Wed/Fri or \_\_\_\_\_ Tues/Thurs

\_\_\_\_\_ No preference

\_\_\_\_\_ 2-year-old program – choose one \_\_\_\_\_ Mon/Wed or \_\_\_\_\_ Tues/Thurs

\_\_\_\_\_ No preference

\_\_\_\_\_ 1-year-old program (Tuesday)



### Family Information

Father's Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_ Employer's Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_ Employer's Phone \_\_\_\_\_

Parents' Marital Status \_\_\_\_\_ Married \_\_\_\_\_ Single/Widowed \_\_\_\_\_ Divorced

If divorced, who has legal custody? \_\_\_\_\_

May the non-custodial parent pick up the child? \_\_\_\_\_

Siblings \_\_\_\_\_

Name/Relationship of Other Person(s) Living in Child's Home \_\_\_\_\_

Previous Childcare/Preschool Experience \_\_\_\_\_

Church Affiliation \_\_\_\_\_



**INFORMATION – Preschool**

**Child’s General Habits**

Please describe your child’s sleeping/nap patterns \_\_\_\_\_

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Does your child dress himself/herself? \_\_\_\_\_ Comments \_\_\_\_\_

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Please describe your child’s eating habits/behavior \_\_\_\_\_

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Snack preferences/dislikes \_\_\_\_\_

Please describe your child’s play habits \_\_\_\_\_

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Is your child \_\_\_\_\_ Toilet trained? \_\_\_\_\_ Training now?  
If training, please describe method used at home \_\_\_\_\_

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Language(s) Spoken at Home \_\_\_\_\_

Please circle the words that best describe your child’s general temperament or disposition

Friendly private follower leader obedient thoughtful shy

Mischievous cooperative passive aggressive anxious moody

Happy ill-tempered sensitive short-tempered uncooperative

Please list your child’s outstanding character traits \_\_\_\_\_

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**DIVISION OF LICENSING PROGRAMS  
DEPARTMENT OF SOCIAL SERVICES  
CHILD REGISTRATION FORM**

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Child's Name	Nickname	Sex	Birth Date
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Address	Home Phone	SSN
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**Parents/Guardians**

Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Place Employed \_\_\_\_\_ Business Phone \_\_\_\_\_

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Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Place Employed \_\_\_\_\_ Business Phone \_\_\_\_\_

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Person(s) or Agency Having Legal Custody of Child \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

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Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

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**EMERGENCY INFORMATION**

Allergies or Intolerance to Food, Medications, etc.

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Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

If child attends this center and another school also, give name of school

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School's Name	Grade	Phone
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**PARENTAL CONSENT**

I authorize and give my permission (Check all that apply)

- \_\_\_\_\_ 1. for my child to be photographed while participating in school related activities.
- \_\_\_\_\_ 2. for photos of my child to be used on the preschool web page. Names of children will not be used.
- \_\_\_\_\_ 3. for any photos of my child to be published in *THE FARMVILLE HERALD*. Names of children will not be used
- \_\_\_\_\_ 4. for Farmville Baptist Preschool to act on my behalf if I cannot be reached in an emergency. Every effort will be made to reach a parent or emergency contact first.

List all individuals, including addresses, phone numbers and relationships that have permission to pick up your child from school.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

List any individuals who, through legal action, are not allowed to have contact with your child. Attach copies of legal documents for verification.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## MEDICATION RELEASE

The preschool staff with parent permission may administer topical medications for minor cuts and scrapes. Medications except those authorized below will not be administered during the school day.

Please indicate any/all items which, when necessary, may be used for your child.

I authorize the Farmville Baptist Preschool staff to use the following items as part of basic first aid care for my child:

\_\_\_\_\_ Medi-Quik (antiseptic/analgesic spray)

\_\_\_\_\_ Hydrogen Peroxide      \_\_\_\_\_ Baking Soda/vinegar paste for bee stings

\_\_\_\_\_ Neosporin Ointment      \_\_\_\_\_ Caldaria Ointment

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



**PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING:**

**I have read, understood and will abide by the policies outlined in the Farmville Baptist Preschool Handbook.**

Signature of Parent(s) or Guardian:

Mother \_\_\_\_\_ Date \_\_\_\_\_

Father \_\_\_\_\_ Date \_\_\_\_\_

Guardian \_\_\_\_\_ Date \_\_\_\_\_

Director \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Proof of Identity & Age \_\_\_\_\_ Child's Place of Birth \_\_\_\_\_

Birth Date \_\_\_\_\_ Birth Certification # \_\_\_\_\_

Registration Paid \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

Supply Fee Paid \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_

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Class Assigned \_\_\_\_\_ Entrance Date \_\_\_\_\_

Reason for Withdrawal \_\_\_\_\_

Date Withdrawn \_\_\_\_\_