

FIRST BAPTIST LEARNING CENTER AND PRESCHOOL

(Office Use)

___ Pre K 2
___ Pre K 3
___ VPK

REGISTRATION FOR 2020-2021

STUDENT

Last Name _____ First _____ Middle _____

Preferred Name _____ Male _____ Female _____ Date of Birth _____

Ethnicity ☐ African American ☐ Caucasian ☐ Middle Eastern ☐ Multiracial _____

☐ Asian American ☐ Hispanic ☐ Native American ☐ Other _____

Student's Address _____ City _____ Zip _____

Student lives with (*check any that apply*) If "other" please specify person/relationship.

Student's: Father _____ Stepfather _____ Other _____

Mother _____ Stepmother _____ Other _____

Father is deceased _____ Mother is deceased _____ Parents are divorced _____ Parents are separated _____

Person responsible for tuition _____

Siblings' names and D.O.B. _____

PARENT(S)

Father's Name _____ Address _____ City _____ Zip _____

Father's Home Phone _____ Cell Phone _____ Work Phone _____

Occupation _____ Place of Employment _____

Mother's Name _____ Address _____ City _____ Zip _____

Mother's Home Phone _____ Cell Phone _____ Work Phone _____

Occupation _____ Place of Employment _____

E-MAIL

Please list an email address at which you would like to receive correspondence from the school _____

PERSONS PERMITTED TO PICK UP CHILD / EMERGENCY CONTACTS

MOTHER _____ YES _____ NO

FATHER _____ YES _____ NO

(NAME) _____ (PHONE) _____ (RELATIONSHIP) _____

(NAME) _____ (PHONE) _____ (RELATIONSHIP) _____

(NAME) _____ (PHONE) _____ (RELATIONSHIP) _____

CHURCH

Name of church family attends _____

___ I would like information and/or a visit from First Baptist Church, Plant City

MEDICAL ALERT INFORMATION

Does the student have any special needs that we should know about? _____

Allergies? (*If no allergies, specify none*) _____

Continued on the back.

Does student require any medication? Yes ___ No ___ If yes, please explain _____

PLEASE NOTE: It is our discretion as to whether or not medications will be dispensed that have not been prescribed by a doctor (aspirin, cough medicine). All medications must be in the original container and labeled with your student's name.

List any illnesses, hospitalizations, operations, and/or medical history of your child.

Describe your child's speech: (*Check all that apply*)

rapid ___ slow ___ moderate ___ clear ___ talks constantly ___ seldom speaks ___

uses many words ___ talks only during play ___

OTHER INFORMATION

What are your child's interests? _____

Does your child exhibit specific fears? If so, please list _____

List behavior characteristics of your child _____

List any traumatic experiences such as moving, deaths, serious illness, accidents, etc.

What do you feel are your child's greatest needs? _____

Other characteristics or information for your child's teacher _____

ALL PARENTS:

☐ I (We) understand that the following items must be on file before the first day of school or attendance will be denied.

- Registration form (front and back)
- VPK Certificate of Eligibility (VPK students only)
- Tuition Payment Agreement
- Immunization and Physical forms
- Birth Certificate
- Registration fee
- Authorization for Emergency Medical Treatment

Permission is hereby given to FBLC to photograph my child (no names given) for the purposes of; First Baptist Learning Center Facebook page or website . **YES / NO (Circle one)**

Comments _____

Signature of parent or guardian enrolling student: _____ Date: _____

Consistent with Christian principles, First Baptist Learning Center does not discriminate with regard to race, sex or national origin in the administration of its educational policies or other school-administered programs.

First Baptist Learning Center is accredited by the Association of Christian Schools International and is a Ministry of Plant City's First Baptist Church.