



## Tell us about your child.

Does your child have any allergies? Yes\_\_\_\_ No\_\_\_\_ If YES, please list the allergy and give any special instructions:\_\_\_\_\_

Has your child had a serious medical condition? Yes\_\_\_\_ No\_\_\_\_ If YES, please list the condition and describe:\_\_\_\_\_

Has your child had any social, emotional, behavioral, or developmental delays/concerns or diagnosis? Yes\_\_\_\_ No\_\_\_\_ If YES, please explain:\_\_\_\_\_

Has your child been referred for testing or been tested for any special needs including, but not limited to any social, emotional, behavioral, or developmental delays? Yes\_\_\_\_ No\_\_\_\_ If YES, please provide a copy of the testing results/IEP and give any additional instructions:\_\_\_\_\_

As a parent, do you have any concerns regarding your child's speech, behavior, or social/emotional/physical development? Yes\_\_\_\_ No\_\_\_\_ If YES, please explain:\_\_\_\_\_

Does your child speak English? Yes\_\_\_\_ No\_\_\_\_

Do you speak English with your child at home? Yes\_\_\_\_ No\_\_\_\_ If NO, please list the primary language spoken:\_\_\_\_\_

Has your child participated in a weekday preschool program or daycare program in the past? Yes\_\_\_\_ No\_\_\_\_ Please list any group experience(s) your child has had:\_\_\_\_\_

Do we have your permission to include the following in your child's class directory?

My address: Yes\_\_\_\_ No\_\_\_\_ My phone number: Yes\_\_\_\_ No\_\_\_\_ My email address: Yes\_\_\_\_ No\_\_\_\_

## Parental Agreements (please initial)

I understand that my child is to be fully potty-trained by the time school starts. I understand that FBPK staff does not change clothes of children and I agree to come to the school to change my child in the event of a potty accident. **I agree.**\_\_\_\_

I understand that an up-to-date or completed Alabama Immunization form (IMM50) or a Religious Letter of Exemption is required before school begins. **I agree.**\_\_\_\_

FBPK teachers and staff are not trained or equipped to handle children with excessive medical, emotional, visual, speech, hearing, severe limitations/illnesses, or extremely time intensive behaviors. I understand that FBPK reserves the right to deny enrollment or dismiss my child from the program if we determine proper care cannot be provided. **I agree.**\_\_\_\_

I agree to give a 30-day written notice in the event of withdrawing my child from FBPK. I understand that my tuition and fees are non-refundable in the event of withdrawal. **I agree.**\_\_\_\_

I understand that FBPK tuition is an annual tuition and is divided into 10 equal payments. I agree to pay 10 tuition payments by the first day of each month from August to May. I understand that a \$10 late fee will be added to any late tuition payment. **I agree.**\_\_\_\_

I agree to pay a \$10 late fee when picking up my child after 12:05 p.m. for regular dismissal or after 2:30 p.m. for Lunch Bunch/After School Care. **I agree.**\_\_\_\_

I understand that I must be in good financial standing with the school to be considered for future enrollment. **I agree.**\_\_\_\_

***I have received and read the general requirements and information. I wish to enroll my child in First Baptist Preschool and Kindergarten.***

Parent's Signature\_\_\_\_\_ Date\_\_\_\_\_