



First Baptist Christian School

WEYMOUTH

Where faith and learning connect

<i>for office use only</i>	
Date Rec'vd	_____
Fee Pd	_____
<input type="checkbox"/> Photo	<input type="checkbox"/> Birth Cert.
<input type="checkbox"/> Medical Form	
<input type="checkbox"/> 3 days	<input type="checkbox"/> 5 days
<input type="checkbox"/> 4 days (Tues or Thurs)	
Accepted	_____

FAMILY APPLICATION

FATHER'S NAME: _____
first m.i. last

Home Address: _____ Home Phone: _____

Employer: _____ Position: _____

Work Address: _____ Work Phone: _____

Email: _____ Cell: _____

Cell Phone Provider: _____

MOTHER'S NAME: _____
first m.i. last

Home Address: _____ Home Phone: _____

Employer: _____ Position: _____

Work Address: _____ Work Phone: _____

Email: _____ Cell: _____

Cell Phone Provider: _____

Marital Status (Check one)

FATHER	Married	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Single	<input type="checkbox"/>
MOTHER	Married	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Single	<input type="checkbox"/>

Church or denominational affiliation:

FATHER	Attending:	<input type="checkbox"/>	Regularly	<input type="checkbox"/>	Occasionally	<input type="checkbox"/>	Seldom	<input type="checkbox"/>
MOTHER	Attending:	<input type="checkbox"/>	Regularly	<input type="checkbox"/>	Occasionally	<input type="checkbox"/>	Seldom	<input type="checkbox"/>

Other children at home, age 18 or under, who are not being considered for enrollment. (Continue on back.)

Name: _____ Age: _____

Name: _____ Age: _____

Briefly state why you wish to have your child(ren) attend FBCS. (If more space is needed, please use reverse side.)

How did you first learn about First Baptist Christian School?

Please fill out a separate STUDENT INFORMATION sheet for each applicant. For all grades, include a recent photograph, a current medical record signed by your child's doctor, and a copy of the birth certificate.

STUDENT INFORMATION - PRESCHOOL

NAME: _____
first *m.i.* *last*

Sex: _____ Date of birth: _____ Nickname: _____

PERSONAL HISTORY:

Does the child have any difficulties in speaking? _____

What language, other than English, is spoken in the home? _____

Was the child born prematurely and/or were there any complications at birth? _____

Were any Early Intervention services used? (If yes, please explain) _____

What special words does the child use to describe his/her needs? _____

Does the child have any learning disabilities? (If yes, please explain) _____

HEALTH:

Any physical disabilities or allergies? (asthma, hay fever, insect bites, medicines) _____

Any medications given regularly? _____

EATING:

Does the child have any food allergies? _____

TOILET HABITS:

Does the child indicate his/her bathroom needs? _____ Word for urination? _____

Bowel movement? _____ Does the child have accidents? _____

SLEEPING HABITS:

Does the child take naps? _____ AM _____ PM _____

SOCIAL RELATIONSHIPS:

What experiences has the child had in playing with other children? _____

By nature is the child friendly? _____ aggressive? _____ shy? _____ withdrawn? _____

How does the child relate to strangers? _____

Does the child play well alone? _____ What is the child's favorite toy? _____

Is the child frightened by animals? _____ rough children? _____ loud noises? _____ dark? _____ storms? _____

Any other fears? _____

Who does most of the disciplining? _____ What is the best way of handling him/her? _____

How do you comfort your child? _____