



First Baptist Christian School

WEYMOUTH

Where faith and learning connect

<i>for office use only</i>	
Date Rec'd	_____
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: _____

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

Home Address: _____ Home Phone: _____

Employer: _____ Position: _____

Work Address: _____ Work Phone: _____

Email: _____ Cell: _____

Marital Status (Check one)

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

Church or denominational affiliation:

FATHER	Attending: _____	Regularly _____	Occasionally _____	Seldom _____
MOTHER	Attending: _____	Regularly _____	Occasionally _____	Seldom _____

Other children at home, age 18 or under, who are not being considered for enrollment.

Name: _____ Age: _____

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? _____