

Fern Creek Baptist Child Development Center

5920 Bardstown Road Louisville, KY 40291 (502) 239-8952

Child's Name: _____ Gender: _____ Birthdate: _____

Preschool Application

<input type="checkbox"/>	Two-Year-Old Program	Tuesday, Thursday	\$200/month
<input type="checkbox"/>	Three-Year-Old Program	Tuesday, Thursday	\$200/month
<input type="checkbox"/>	Four-Year-Old Program	Monday, Wednesday, Friday	\$300/month
<input type="checkbox"/>	Four-Year-Old Program	Monday - Friday	\$500/month

The fees for the Fern Creek Baptist Child Development Center are due on the First of each month, starting in September and ending in May.

Drop off time is 9:00 a.m. and pick up time is 3:00 p.m.

I agree to be responsible for any additional costs associated with the collection of any fees for materials or late fees. The current supply fee is \$30.00.

Each application must include a \$125.00 non-refundable reservation fee in order for the application to be processed. No reservations will be made before the reservation fee has been received.

I understand my child will be dismissed if I do not provide the center with a current immunization certificate.

I authorize this program and its representatives to get emergency medical treatment for my child if necessary.

Parent Signature: _____ Date: _____

We accept cash, checks, money orders, and offer online pay. Please make checks payable to Fern Creek Baptist CDC. You can access the online pay option on our website (ferncreekbaptist.org), our church app, or by scanning the QR code below.



After you have entered your bank information, under Fund, select Child Development Center. You must cover the processing fee, or it will be deducted from your child's tuition. In the note section, please list your child's name.

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Child's Name: _____ Gender: _____ Birthdate: _____

Preschool Registration

	Mother	Father
Name:		
Home Address:		
City, State, Zip code:		
Home Phone #		
Work Phone #		
Cell Phone #		

Person/s with whom the child lives: _____

Child's Physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Individuals to contact in the case of an emergency:

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

_____ Phone: _____

Does your child have any food allergies? No Yes _____

Does your child have any dietary restrictions? No Yes _____

Does your child have any special needs? No Yes _____

Does your child have any special services? No Yes _____

Will your child receive services at the center? No Yes _____

Name of service provider and frequency: _____

My child has permission to be released to the following individuals or transportation services in addition to the emergency contact persons listed above. (Please notify all individuals that they may be asked to show proof of identity.)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Parent Signature: _____ Date: _____

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Preschool Questionnaire

IDENTIFYING DATA

Date _____

Name of Child _____

First

Middle

Last

Name Used _____ Gender _____

Birth Date ____/____/____ Birthplace (City/State) _____

FAMILY DATA

Father or Guardian's Name _____

Address _____ Zip _____ Telephone _____

Mother or Guardian's Name _____

Address _____ Zip _____ Telephone _____

Please list the names, relationships, and ages of members of your child's usual household:

Please describe any unusual circumstances in your family that you think we should be aware of (divorce, death, alliances, frictions, accidents, medical problems, etc.).

What things are done together as a family?

What is your religious preference? _____

Does your child attend church services or is he/she involved in a church program?

No Yes _____

SCHOOL/DAY CARE DATA

Has your child had any previous school, playgroup, or day care experience?

No Yes _____

Do you anticipate your child will have trouble adjusting to this preschool program?

No Yes _____

What do you expect this preschool program to do for your child? _____

(Continued on other side)

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CHILD'S BEHAVIOR PATTERNS AND HABITS

Does your child have any habits or mannerisms, such as thumb sucking or nail biting?

No Yes _____

Does your child have any fears, such as dogs or sirens; does he/she have nightmares?

No Yes _____

Does your child have any words or expressions (such as "wee-wee" for urine) that may not be understood by an outsider?

No Yes _____

In general, how does your child react to anxiety or stressful situations? Does he/she cry, withdraw, throw tantrums? _____

What is your accustomed mode of disciplining your child? If punishment is necessary, how do you punish him/her? _____

Does your child speak English? No Yes Additional languages? _____

Is your child toilet trained? No Yes For how long? _____

To the best of your knowledge, does your child have any language or learning disabilities?

No Yes _____

Does your child have any emotional disturbances or physical handicaps?

No Yes _____

Do you have any particular concerns about your child's eating habits?

No Yes _____

Do you have any particular concerns about your child's sleeping habits?

No Yes _____

Is there anything else in your child's development that you think we should be aware of?

No Yes _____