

# Fern Creek Baptist Child Development Center

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

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_

## Summer Fun Application

<input type="checkbox"/>	Two-Year-Old Program	Tuesday, Thursday	\$275
<input type="checkbox"/>	Three-Year-Old Program	Tuesday, Thursday	\$275
<input type="checkbox"/>	Four-Year-Old Program	Tuesday, Thursday	\$275

The fees for the Fern Creek Baptist Child Development Center are due on the First Day of Summer Fun, June 9.

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.

Each application must include a \$50.00 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](http://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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## Summer Fun 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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## Summer Fun 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 \_\_\_\_\_