

First Baptist Church Monroe – Weekday Education Program Registration Form 2024-2025

Class Requested
(Child must be the age of the class as of September 1st)

<input type="checkbox"/> Infant (6 months – 11 months)	<input type="checkbox"/> Thursday and Friday
<input type="checkbox"/> Toddler (12 months-24 months; child must be walking)	<input type="checkbox"/> Thursday/Friday
<input type="checkbox"/> Two-Year-Olds <i>(Mark one choice)</i>	<input type="checkbox"/> Monday-Friday <input type="checkbox"/> Monday/Tuesday/Wednesday
<input type="checkbox"/> Three-Year-Olds (<u>must be fully potty trained</u>) <i>(Mark one choice)</i>	<input type="checkbox"/> Monday-Friday <input type="checkbox"/> Monday-Thursday <input type="checkbox"/> Monday/Tuesday/Wednesday
<input type="checkbox"/> Four-Year-Olds (<u>must be fully potty trained</u>)	<input type="checkbox"/> Monday-Friday

Child's Full Name _____ Date of Birth _____

What name does your child go by? _____ Female Male

Street Address _____ Primary Number _____

City _____ State _____ Zip Code _____

Mailing Address if different _____

Email Address _____

Has this student attended preschool anywhere in the past? No Yes

Where _____

Potty Trained Yes No

Father's Name _____

Mother's Name _____

Home Address _____

Home Address _____

(If different from student)

(If different from student)

Place of Employment & Address _____

Place of Employment & Address _____

Business Phone _____

Business Phone _____

Cell Phone _____

Cell Phone _____

Parent's Relationship to each other: Married Divorced Separated Single

Child lives with: Both Parents Mother Father Other (List relationship _____)

Do you have a church home? No Yes Church Name _____

Names and ages of siblings:

(OVER PLEASE)

Has your child been professionally tested for and/or diagnosed with, or received services for any of the following? If yes, please explain:

AD/HD	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Vison	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Speech Delay	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Hearing Delay	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Language Delay	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Developmental Delay	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Behavioral Issues	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Other	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____

Weekday Education is not staffed or equipped to provide special services for those diagnosed with any of the above or other special needs. It is the parent's responsibility to provide such services. Weekday will work with parents and students to the best of our ability. If we cannot provide the optimum educational experience for the child and other students in the classroom, Weekday reserves the right to withdraw the child from our program.

Emergency Contacts and Pick Up (other than parents):
(Please list legal names so identification can be checked)

Name _____
Address _____

Phone Number(s) _____

Relationship to child _____

Name _____
Address _____

Phone Number(s) _____

Relationship to child _____

Name _____
Address _____

Phone Number(s) _____

Relationship to child _____

Name _____
Address _____

Phone Number(s) _____

Relationship to child _____

I agree to follow the policies of the Weekday Education Program, and I give permission for my child to be given medical treatment in the event of an emergency.

Date _____

Parent Signature _____

<i>Office Use Only</i>			
Registration Paid _____	Date _____	Check Number _____	Cash _____
Activity Fee Paid _____	Date _____	Check Number _____	Cash _____