

NORTHPORT BAPTIST DAYSCHOOL

OFFICE USE ONLY 2019-2020

1004 Main Avenue		Date child enrolled:
Northport, AL 35476		Date reg. paid:
Enrollment Form		Imm. exp, date:
		Allergies:
		Other:
GENERAL INFORMATION		
Child's Name:		$M \ \square \ F \ \square$
Name used at home:		
Child's Date of Birth:	Child's Age o	on 9-1-19:
Father's Name:	- I	
Mother's Name:	Employer:	Work Phone:
Address:	1 - 7	
Street	City and State	Zip
Home Phone: Fat	her's cell:	Mothers'cell:
Name and ages of siblings:		
How did you hear about our school?_		
EMERGENCY INFORMATION		
Child's Physician:		Phone:
Do we have permission to call your p	hysician in case of em	ergency?
Persons authorized to act for parents		
1. Name	Phone:	Work Phone:
2. Name	Phone:	Work Phone:
CHILD'S MEDICAL HISTORY:		
If your child has a life-threatening allergy you will need to fill out additional information for our records.		
Do you have an immunization form (blue form) for your child? □Yes □No		
Please turn in a copy with registro	ation form	
Has your child had		
1. Evidence of hearing loss \Box Yes		ech difficulties □Yes □No
3. Vision difficulties \Box Yes	□No 4. Hosp	pitalizations
Other illnesses? Please list:		
STRUCTURED PROGRAM (2's, 3's, 4's classes):		
Two Day (T/Th.)	Three Day (M./W/F)	Five Day (M/T/W/Th./F)
□Two Year Old	□Two Year Old	□Two Year Old
☐Three Year Old	☐Three Year Old	☐Three Year Old
□Four Year Old	☐Four Year Old	□Four Year Old
MOMS PROGRAM (must be walking AND at least one year of age)-please check a box:		
One-Day (Monday only) \square		Two-Day (Tues/Thurs.) \square
Three-Day (Mon., Tues., and Thurs.)		

SOCIAL AND PHYSICAL GROWTH Is your child: ☐ right-handed □ excitable □ left-handed □ restless □ works well with hands/fine motor \square shy □ well-coordinated \Box domineering \square impulsive □ happy Does your child: \Box have falling spells ☐ have unusual fears ☐ have daredevil behavior ☐ talks well List methods of discipline used with your child at home: In what ways do you expect our program to help your child? Does your child have any problems that concern you at this time? What is your child's attitude toward himself/herself? What do you feel his/her special abilities are? **EXPERIENCES WITH OTHERS** What are some of the ways your child plays at home? Favorite Toys: Special Interests: Favorite T.V. Programs: Does he/she play well with other children? How does your child react when he/she does not get his way? Is he/she enrolled in a special group (dancing, art, sports, etc.)? **RELIGIOUS AFFILIATION** Church you attend or denominational preference: Additional Comments: Parent or Guardian Signature: Date: