| Referred by: | |
|----------------|--|
| Reg. Fee Paid: | |

GREYSTONE BAPTIST PRESCHOOL

7509 Lead Mine Road, Raleigh, NC 27615 (919) 870-0040

APPLICATION FORM

| Last Name | First Name | | Middle Name | Name child uses | | | | |
|--|-----------------------------|---------------|---------------|-----------------|--|--|--|--|
| CIRCLE AGE AND CLASS PREFERENCE: | | | | | | | | |
| 4 year old: | 4 day (MTWTh) 5 day(MTWThF) | | | | | | | |
| 3 year old: | 3 day(MWF) | 4 day (MTWTh) | 5 day(MTWThF) | | | | | |
| 2 year old: | 2 day(TTh) | 3 day(MWF) | 5 day(MTWThF) | | | | | |
| Toddler: | 2 day(TTh) | 3 day(MWF) | 5 day(MTWThF) | | | | | |
| (Greystone Baptist Preschool reserves the right to cancel any class due to insufficient enrollment.) | | | | | | | | |
| | | | | | | | | |
| Child's Date of Birth Sex Church Preference | | | | | | | | |
| Street Address/City/Zip | | | | | | | | |
| Home Phone _ | | | | | | | | |
| Fathers Name Mobile phone# | | | | | | | | |
| Fathers occupation/Business address | | | | | | | | |
| Mothers Name Mobile phone# | | | | | | | | |
| Mothers occupation/Business address | | | | | | | | |
| Email Address | | | | | | | | |
| Siblings (Please include names and ages) | | | | | | | | |
| Other persons living in home (Indicate child or adult) | | | | | | | | |
| List allergies, medical conditions, drug sensitivities and other special conditions of which we should be aware. | | | | | | | | |
| List physical handicaps, special testing or professional evaluations of which we should be aware | | | | | | | | |

| | | Referred by: | | | |
|---|------------------|--------------|---------------------|-------------------------|-----------|
| | | | | Reg. Fee Paid: | |
| | | | | | |
| Was child born premature? (Circle one) | Yes | | No | | |
| Circle if child is/was subject to: | earaches | colds | frequen | t nosebleeds | |
| | asthma | other_ | | | _ |
| Any speech problems, unusual fears, ex | ccessive jealou | sy? If yes, | please ex | xplain | _ |
| Problems with toileting habits? (Child n | nust be toilet t | rained be | fore ente | ring 3 year old class.) | |
| Which hand does your child prefer to u | se? (circle one | e) | Left | Right | |
| Previously attended preschools: | | | | | |
| | | | | | |
| Reasons for leaving: | | | | | |
| | | | | | |
| Please give us any additional information | on about your | child that | might he | p us take care of him/ | her. |
| | | | | | |
| Responsible person to contact in case c | of emergency v | when pare | nts canno | ot be reached: | |
| Name | Pho | ne# | | | |
| | | | | | |
| This is to certify that my child has perm supervised by the preschool staff. I also emergency form) to pick up my child im while my child is attending preschool. | o agree to be a | available (d | or <u>I will de</u> | esignate someone on i | <u>my</u> |
| I do I do not want my cl directory. | nild's name an | d address | informat | on included in the stu | dent |
| Signed: (Parent or Guardian) | | D | ate | | |
| (Parent or Guardian) | | | | | |