

Referred by: _____

Reg. Fee Paid: _____

GREYSTONE BAPTIST PRESCHOOL

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

ENROLLMENT FORM

Last Name	First Name	Middle Name	Name child uses
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CIRCLE AGE (age as of August 31, 2023) 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) 4 day(MTWTh) 5 day(MTWThF)

Toddler: 2 day(TTh) 3 day(MWF) 4 day(MTWTh) 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 _____

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Was child born premature? Yes No

Check if child is/was subject to: earaches colds frequent nosebleeds
 asthma other _____

Any speech problems, unusual fears, excessive jealousy? If yes, please explain _____

Problems with toileting habits? (Child must be toilet trained before entering 3 year old class.)

Which hand does your child prefer to use? (check one) Left Right

Previously attended preschools:

Reasons for leaving:

Please give us any additional information about your child that might help us take care of him/her.

Responsible person to contact in case of emergency when parents cannot be reached:

Name _____ Phone# _____

This is to certify that my child has permission to participate in all preschool activities planned and supervised by the preschool staff. I also agree to be available (or I will designate someone on my emergency form) to pick up my child immediately in case of emergency or any problems that may arise while my child is attending preschool.

I do I do not want my child's name and address information included in the student directory.

Signed: _____ Date _____
(Parent or Guardian)