

**VALLEY RANCH BAPTIST PRESCHOOL
REGISTRATION FORM 2010-2011**

Child's Full Name _____ Goes by _____ Sex _____

Address _____

City _____ Zip _____ Home Phone _____

Father's Name _____ Mother's Name _____

Father's Work Phone _____ Mother's Work Phone _____

Father's Cell Phone _____ Mother's Cell Phone _____

Father's Email Address _____ Mother's Email Address _____

Child's Birthdate: _____ Age as of September 1, 2010 _____ years _____ months

Church Membership
(Where?) _____

Country of Origin _____

A ***non-refundable*** registration fee and a supply fee are to be paid upon registration. The supply fee, which is one-half (1/2) of the total fee may be refunded prior to July 1, 2010. No exceptions will be made.

Registration packets must be returned to VRBP prior to May 31, 2010. After this date, we are unable to hold your child's place in the class.

Please note that tuition for school must be paid each month to hold a place in the class whether or not the child attends.

SIGNATURE OF PARENT OR GUARDIAN:

DATE:

FOR OFFICE USE ONLY:

Date Received _____ Registration/Supply \$ _____ Check _____ Cash _____

Class Assignment _____

Valley Ranch Baptist Preschool - Information for the Teacher 10-11

ALL ABOUT _____
(Child's Full Name)

My birthday is _____ My home phone is _____

My address is _____ City _____ State _____ Zip _____

My father's name is _____ My mother's name is _____

Father's email address _____ Mother's email address _____

Has the child been in a structured preschool program before? Yes _____ No _____

Experiences the child enjoys with father: _____

Experiences the child enjoys with mother: _____

Other children in the family: Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Other adults in the home Name _____ Relation _____

besides parents: Name _____ Relation _____

Have you moved recently? Yes _____ No _____

Child's favorite play materials and activities: _____

Child's pets and names: _____

Check applicable items: _____ Listens to stories _____ Enacts (plays) the stories _____ Listens to music

_____ Responds rhythmically to music _____ Watches television: Favorite shows _____

_____ Uses crayons _____ Uses scissors _____ Likes to play in water _____ Likes to play in sand

_____ Enjoys big muscle activity (climbing, etc.) _____ Enjoys having time alone

_____ Likes to paint: _____ Finger _____ Brush _____ Sponge

Special problems/allergies:

Fears: _____

Foods: _____

Health: _____

Does he/she have a daytime nap? _____ or quiet rest period? _____

What do you hope your child will gain by attending our program?

Occasionally parents may request phone numbers and addresses for purposes such as sending invitations, cards, etc. May we release this information? Yes _____ No _____

RELEASE INFORMATION

My child will be brought to the church and left with a staff member and he/she may be released only to:

_____ Driver's License Number _____

_____ Driver's License Number _____

_____ Driver's License Number _____

Are there court documents attached to this file? Yes _____ No _____ (circle one)