



Little Learners Registration

Church Affiliation	Yes	No
First Church Member?		
If no do you have a church affiliation?		
Would you like to be contacted about First Church's opportunities?		

Class Preference	
Monday –Friday (Full Time 7a.m.-6p.m.)	
Tuesday / Thursday (8a.m. – 5 p.m.)	
Monday / Wednesday / Friday (8a.m. – 5 p.m.)	

Student Information				
Last Name		First Name		Middle Name
Address	Apt. #	City, State	Zip Code	
Birth Date	Race			
/ /	American Indian <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/>			

First Parent / Guardian Information				
Relationship	Last Name	First Name	M.I.	Maiden Name
Address (if different)		City, State		Zip Code
Home Phone	Cell Phone	Work Phone	Ext.	Employer
Work Days / Hours		Employer Address		
Email Address		Primary Language of First Parent		

Second Parent / Guardian Information				
Relationship	Last Name	First Name	M.I.	Maiden Name
Address (if different)		City, State		Zip Code
Home Phone	Cell Phone	Work Phone	Ext.	Employer
Work Days / Hours		Employer Address		
Email Address		Primary Language of Second Parent		



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Information Concerning Family	
Legal Guardian	
Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Foster Parents <input type="checkbox"/> Other (Please specify)	
Student Living With	

Legal Documentation	
Is there a parenting plan in effect?	Yes <input type="checkbox"/> No <input type="checkbox"/> Legal documentation must be on file with the school for enforcement
Is the non-custodial parent allowed to pick-up the child?	Yes <input type="checkbox"/> No <input type="checkbox"/> Legal documentation must be on file with the school for enforcement

Emergency Contact Information – In case of Emergency or Inclement Weather – if parent/guardian cannot be reached, my child has permission to be picked up by:			
First Contact Name	Telephone # 1	Telephone # 2	Relationship
Address			
Second Contact Name	Telephone #1	Telephone #2	Relationship
Address			
Third Contact Name	Telephone #1	Telephone #2	Relationship
Address			
Fourth Contact Name	Telephone #1	Telephone #2	Relationship
Address			
We WILL NOT UNDER ANY CIRCUMSTANCE release your child to anyone whose name does not appear on the list above, or to another child. If this information should change during the year, YOU MUST COME INTO THE SCHOOL OFFICE and make the changes in person.			

Health Questionnaire

IMPORTANT: Please provide a current physical report from the doctor *if your child is under 30 months old at enrollment time*. We also need the following information from you:

General state of health:

Doctor's name _____

Doctor's phone number _____

Doctor's address _____

Are your child's immunizations up to date? _____

(Please attach a copy of immunizations if you have not already provided it to the school.)

Does your child have any known allergies?

Are you concerned that your child may be prone to any type of allergies? _____



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Does your child have any medical conditions which I should be made aware of?

Does your child have issues with:	Has your child had any of these diseases?
Constipation	Asthma
Convulsions	Bronchitis
Diarrhea	Chicken Pox
Fainting Spells	Diabetes
Frequent Colds	Heart Disease
Frequent Ear Infections	Hepatitis
Frequent Sore Throats	Impetigo
Lice	Measles
Ringworm	Mumps
Skin Rash	German Measles
Soiling	Polio
Stomach Upsets	Scarlet Fever
Urinary Problem	Tuberculosis
Worms	Whooping Cough

Does your child have any speech, hearing or visual problems?

Are your child's play activities restricted in any way?

About Your Child

Has your child ever been in child care before? _____ What type (center, family daycare, grandma etc.)

Was it a positive experience? _____

What is your child's temperament? Easy going, loving, silly, hard to please, demanding, aggressive, etc.

Are there any food restrictions? _____



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Can your child be relied upon to indicate bathroom needs? _____

What words does your child use for: Bowel movements _____ urination _____

What time does your child awaken? _____

What time does your child go to sleep at night? _____

Do they sleep through the night? _____

Does your child sleep in a bed or crib, other? _____

Are there any siblings? Please give us first names and ages of siblings.

Has your child had experience playing with other children?

What languages are spoken at home?

Does your child have any security objects such as a blanket, soother, bottle, toy etc.?

What are your child's favorite activities, toys, books, or games?

Are there any other comments or information you would like to let me know about?

Any specific concerns? _____

In the event of an emergency I give First Church Academy permission to authorize medical care for my child. I will assume full responsibility for any medical expenses that may occur.

Signature: _____

Date: / /

By signing below I acknowledge that the information I provided is up to date. I acknowledge that I will notify Little Learners at First Church of any changes to the above information so that we can best serve you and your family.

Signature: _____

Date: / /