



NORTHPORT BAPTIST DAYSCHOOL
1004 Main Avenue
Northport, AL 35476
Enrollment Questionnaire

OFFICE USE ONLY 20014/15

Date child enrolled _____
Date reg. paid _____
Immun. expiration date _____
Any allergies _____
Other _____

GENERAL INFORMATION

Child's Name: _____ M ☐ F ☐ Name used at home: _____
Child's Date of Birth: _____ Child's Age on 9-1-14 _____
Father's Name: _____ Employer: _____ Work Phone: _____
Mother's Name: _____ Employer: _____ Work Phone: _____
Address: _____

Street City and State zip
Home Phone: _____ Father's cell _____ Mothers' cell _____
Email address _____
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 physician in case of emergency? ☐ Yes ☐ No
Persons authorized to act for parents in case of emergency:
1. Name _____ Phone: _____ Work Phone: _____
2. Name _____ Phone: _____ Work Phone: _____

CHILD'S MEDICAL HISTORY: List child's allergies, if any _____

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

Has your child had....

| | | | |
|-----------------------------|--|------------------------|--|
| 1. Evidence of hearing loss | <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. Speech difficulties | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Vision difficulties | <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Hospitalizations | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Other illnesses | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, list _____ | |

STRUCTURED PROGRAM

Two Day (Tues./Thurs.)

☐ Two Year Old
☐ Three Year Old
☐ Four Year Old

Three Day (Mon./Wed./Fri.)

☐ Two Year Old
☐ Three Year Old
☐ Four Year Old

Five Day

☐ Four Year Old

Two and three year olds may register for 5days by registering in both the 2 day and 3 day program.

MOMS PROGRAM

Tuesday/Thursday ☐

Monday (young mom's only) ☐

(Please complete information on back)

SOCIAL AND PHYSICAL GROWTH

Is your child:

☐ right handed

☐ left handed

☐ good with his hands

☐ well coordinated

☐ impulsive

☐ excitable

☐ restless

☐ shy

☐ domineering

☐ happy

Does your child:

☐ have falling spells

☐ have dare-devil behavior

☐ have unusual fears

☐ talk 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 or capabilities 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:

