

2010-2011
APPLICATION FOR ADMISSION
BROOKWOOD BAPTIST PRESCHOOL
Please fill out completely.

SCHOOL USE ONLY
Date rec'd _____
Reg. Fee PD _____
Packet given _____

I am applying for: Three's _____ Four's MWF _____ Four's Pre-K _____ Kindergarten _____

GENERAL INFORMATION:

Student's Name _____ Name used at home _____
Date of Birth _____ Sex _____ Date to be enrolled _____
Home Address _____
Home Phone # _____

FAMILY INFORMATION:

Father's name _____ Occupation _____
Business Address _____ Work Phone # _____
Cell Phone # _____ Email _____
Mother's name _____ Occupation _____
Business Address _____ Work Phone # _____
Cell Phone # _____ Email _____
Names and ages of other children _____
Other persons living at home? _____
Previous program attended _____
Church you attend _____

EMERGENCY CONTACTS: (SOMEONE LOCAL AND NOT PARENTS)

Contact 1: _____ Relationship _____
Home Phone: _____ Work Phone: _____ Cell: _____
Contact 2: _____ Relationship _____
Home Phone: _____ Work Phone: _____ Cell: _____

SOCIAL AND PHYSICAL GROWTH:

Is your child

- | | |
|--------------------------------|-----------------------|
| 1. Right or left handed? _____ | 6. Excitable? _____ |
| 2. Well coordinated? _____ | 7. Restless? _____ |
| 3. Clumsy? _____ | 8. Shy? _____ |
| 4. Good with hands? _____ | 9. Domineering? _____ |
| 5. Impulsive? _____ | 10. Happy? _____ |

Does your child

- | | |
|--|--|
| 1. Have falling spells? _____ | 5. Exhibit daredevil behavior? _____ |
| 2. Have unusual fears? _____ | 6. Talk well? _____ |
| 3. Have a good attitude about him/herself? _____ | 7. Get along well with other children? _____ |
| 4. Have any allergies? _____ | |

Mail completed application and check for registration fee to:
BROOKWOOD BAPTIST PRESCHOOL 503-648-4547
3440 E Main Street, Hillsboro, OR 97123