



HENDERSONVILLE BIBLE DAY SCHOOL

REGISTRATION FORM

Please Circle Requested Class:

Kindergarten/Advanced PreK PreK 5 day Prek 3 day Prek 2 day Threes Twos Toddlers Infants
2 days 3 days 5 days Age: _____

Early Care (7:00-8:30): 2 days 3 days 5 days Drop Off Time: _____

Child's Name _____ Date of Birth _____ Male/Female
Address _____ Phone No. _____
City _____ State _____ Zip _____
Email _____

Father's Name _____ Occupation _____ Dad's Cell _____
Where Employed _____ Work No _____

Mother's Name _____ Occupation _____ Mom's Cell _____
Where Employed _____ Work No _____

Who is legally responsible for child: Check one or if both, check both

Mother: () Father: () Other: () If other, specify name & phone number

Name: _____ Phone No. _____

Church Membership of Parents: Mother: _____
Father: _____

Name of Doctor: _____ Phone No. _____
Address _____

List of foods causing allergies: _____
Other important medical information _____

My child may be released to the people listed below **(Please include phone #)**:

In case of emergency when parents cannot be reached, call:

Name _____ Phone Number _____
Address _____ Business Phone # _____

(over)

Sibling Name

Age

School Attending

Independence, maturity, and typical behavior:

- a. Does child dress him/herself? _____
- b. What time does child go to bed? _____
- c. Does child need help in toileting? _____
- d. What time does child rise? _____

Discipline and behavior control:

Has your child ever been dismissed or asked to withdraw from a childcare/school program? _____

Does your child have a learning difference, or has he/she ever been recommended for testing? _____

Describe your methods used in controlling and guiding the behavior of your child. _____

****If the child is an infant, use another sheet of paper for information about formula, bottle schedule, nap times, etc.**

Please give any other information you think we should have about your child:

Signature of Parent _____

Date _____