

Brook Hill Weekday Preschool
Teaching and Caring in a Loving Environment
8946 Indian Springs Road Frederick, MD 21702
301-662-2232

REGISTRATION FORM 2012-2013

Church Member _____ **Current Family** _____ **New Family** _____

CHILD'S NAME _____ BIRTHDATE _____

MALE _____ FEMALE _____ NICKNAME, IF ANY _____

WHAT NAME DO YOU WANT YOUR CHILD TO LEARN TO RECOGNIZE _____

MOTHER'S NAME _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE (INCLUDING AREA CODE) _____ CELL PHONE # _____

E-MAIL ADDRESS _____

EMPLOYER/OCCUPATION _____

ADDRESS/PHONE _____

FATHER'S NAME _____

STREET ADDRESS (IF DIFFERENT FROM MOTHER'S) _____

CITY, STATE, ZIP CODE _____

PHONE (INCLUDING AREA CODE) _____ CELL PHONE NUMBER _____

E-MAIL ADDRESS _____

EMPLOYER/OCCUPATION _____

ADDRESS/PHONE _____

PLEASE INDICATE A FIRST (1) AND SECOND (2) CHOICE FOR ENROLLMENT:

3-YEAR-OLD CLASSES

4-YEAR-OLD CLASSES

_____ Monday, Wednesday & Friday mornings

_____ 5-Day Class mornings

_____ Tuesday & Thursday mornings

_____ Monday, Wednesday & Friday mornings

Although we are not registering currently for an afternoon 3's or 4's class, please indicate below if this would be your first choice should it become available:

Name: _____ Comment: _____

In order to make your child's adjustment to school as easy as possible, please answer the following questions:

My child lives with (circle one): Both parents living together Mom Dad

Please list siblings and their birth dates below:

Please list any others living in the home with the child:

Does your child have a diagnosed learning or language disability or do you suspect a learning, language or other delay? If yes, please explain.

Does your child have a diagnosed chronic illness or allergy (asthma, diabetes, seizures, etc.)?

If yes, please describe: _____

Does your child indicate his/her bathroom needs? _____ (CHILDREN MUST BE POTTY- TRAINED.)

What word does your child use for urination? _____ for bowel movements? _____

List some of your child's interests: _____

List some things your child does well: _____

Does your child have any specific fears or dislikes? (If yes, please explain.) _____

What goals do you have for your child for this school year? _____

Do you have any other concerns about your child or information you'd like to provide us? (If yes, please describe).
Note: Call the office if there is anything you wish to discuss over the phone or in person...we'd be happy to hear from you! _____

PARENT SIGNATURE: _____ **DATE:** _____

If you would like to make a teacher request, please note below. We make every effort to grant requests.

PLEASE NOTE: A \$75 (Non-refundable) Registration Fee must accompany this Registration Form to ensure enrollment. If your child is a new student, a copy of his or her birth certificate must be attached to this registration form. Thank you for registering your child at Brook Hill Weekday Preschool! We look forward to working with you to ensure a positive experience for your child!