



**At First Baptist Church
1310 N. MAIN ST.
WHEATON, ILLINOIS 60187
630-665-0330 ext. 220**

For School Use: Please Do Not Write in This Area

School Year _____ AM _____ PM _____
 Beginners _____ 3Yr _____ 4Yr _____ Pre-K _____
 2 Day _____ 3 Day _____ 4 Day _____ 5 Day _____
 Registration Fee Received _____ Date _____
 Admission Date _____
 Discharge Date _____

ENROLLMENT RECORD

PARENTS: Please complete all information on both sides, sign and return this form with an enrollment fee of \$100. The enrollment fee covers registration and an activity fee (class parties, field trips, etc.) A refund of \$50 will be made up to July 1st for cancellation. After July 1st there will be no refunds.

Student's Full Name _____ Male _____ Female _____

Name by which we should call your child _____

Child's Address _____ City _____ Zip _____

Home Phone # _____ Place of Birth _____ Date of Birth _____

Parents or Guardians _____ Marital Status _____

Cell Phone/Mother _____ Cell Phone/Father _____

Address of Mother or Father, if different from child _____

E-Mail Address for school communication _____

Father's or Guardian's Employer _____ Bus. Phone _____

Address _____ Working Hours _____

Mother's or Guardian's Employer _____ Bus. Phone _____

Address _____ Working Hours _____

Church Affiliation, if any _____

How did you hear about Toddlers Campus? Friend or Family _____ Internet _____ Outdoor Sign _____

Yellow Pages _____ Other, please specify _____

Please list 2 local persons to contact in an emergency, if we cannot reach a parent.

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Child's Physician _____ Phone _____

Address _____

At dismissal time each school day, child may be released to (other than parents):

Name _____ Phone _____

Name _____ Phone _____

In the event I cannot be reached in an EMERGENCY, I hereby give permission to a certified individual or staff member to administer emergency CPR and/or first aid or a physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named on the reverse side.

I hereby consent for my child to participate in various Christian activities, including Bible stories, songs, and prayer before snack time.

I also consent for my child to go on non-specific trips, such as nature walks or trips to Northside Park.

I also consent to have my child's photograph taken while he/she is participating in activities at school or on field trips. These pictures are taken to be shown at the Spring Program or other school functions. They will not be given out to other groups. (For website permission, see below.)

My signature below gives my consent to the above statements and allows enrollment of my child in Toddlers Campus Preschool.

I desire to enroll my child, _____ for the following class:
Name

___ **Beginners Class** (For Older 2's - must turn 3 between Sept. 2nd and March 1st) W + F AM

3 Year Old Class
(Must be 3 by Sept. 1st)

4 Year Old Class
(Must be 4 by Sept. 1st)

Pre-K Class
(Must be 5 by Sept. 1st.
Older 4's considered if space is available.)

___ M-W-F AM

___ M-W-F AM

___ 5 Day AM

___ T-Th AM

___ T-Th AM

___ 4 Day PM – M-T-W-F

___ M-W PM

___ M-W-F PM

I plan to enroll my child at Toddlers Campus Preschool for the following school year: _____
I agree to pay the tuition according to the tuition schedule.

Signed _____ Date _____
(Parent's or Guardian's Signature)

Please check one option and sign.

___ I **give** my consent to have my child's picture used on the Toddlers Campus Website.
No names will be used.

___ I **do not give** my consent to have my child's picture used on the Toddlers Campus Website.

Signed _____ Date _____
(Parent's or Guardian's Signature)

Thank you for enrolling your child at Toddlers Campus Preschool. We look forward to serving you.



TODDLERS CAMPUS REGISTRATION STUDENT INFORMATION

Child's Name _____
Last First Middle

Name by which we should call your child: _____

Age on September 1st of school year registering for: _____ Birthdate _____

Phone numbers _____

Address _____ City _____ Zip Code _____

Please list other children in the family – Name and Age: _____

Has brother or sister ever attended Toddler Campus? _____

Former TC teacher's name(s): _____

Language child speaks at home: _____

What other adults other than parents live in child's home? _____

What contact has child had with children outside the home? _____

How does child get along with other children? _____

Describe your child's reaction to discipline: _____

Does your child show desire to be independent? _____

How would you rate your child's speech development? _____

Does your child have any chronic physical weaknesses which may interfere with attendance? _____

Please describe: _____

Describe any food or other allergies your child has: _____

What are your child's special interests? _____

In what areas of development does child need encouragement? _____

Is there any other information the teacher should know about your child? _____

How do you believe Toddlers Campus may be able to help your child's development? _____

Parent/Guardian Signature _____ Date _____

(Please use reverse side for additional information or remarks.)