

**First Steps PDO at First Baptist Benton**  
**Child Enrollment Application**

Child's Full Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_

DOB: \_\_\_\_\_ Address: \_\_\_\_\_

**Parent/Guardian Information:** *Please put info of LEGAL CUSTODIAN*

**1.Full Legal Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Work Place: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**2.Full Legal Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Work Place: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Child Health History:

Does your child have any medical conditions? \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

\_\_\_\_\_

Does your child have any dietary restrictions?: \_\_\_\_\_

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**Emergency Contacts:** *Please list 2 Adults who can be contacted in case of an emergency. These individuals should also have permission/capabilities to pick up your child if needed.*

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Place: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Work Place: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_

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OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_

DATE OF TOUR: \_\_\_\_\_

ENROLLMENT FEE RECEIVED: \_\_\_\_\_

1ST WEEKS TUITION RECEIVED: \_\_\_\_\_

IMMUNIZATION/MEDICAL FORMS RECORDS RECEIVED: \_\_\_\_\_

## Developmental Questionnaire

1. Is your child potty trained?

fully  some  not at all

2. How developed are your child's communication skills?

They babble

They say purposeful words

They can communicate wants/needs using spoken words

They can carry on purposeful back and forth conversation with other children.

They can carry on purposeful back and forth conversation with adults/caregivers.

3. How long can your child sit and engage in purposeful activity?

0-2 Minutes

3-5 Minutes

5-10 Minutes

15 Minutes or more

4. How long will your child sit and actively listen to books, educational programs, music, etc?

0-2 Minutes

3-5 Minutes

5-10 Minutes

15 Minutes or more

5. How does your child follow directions?

Follows simple one step directions

Follows two step directions

Follows complex multi step directions