

Friendship Developmental Learning Center
Central Baptist Church

APPLICATION

Dear Parents and/or Guardians,

Please take the time to fill this application out for our records. We would like to learn more about your child(ren).

Child's Name _____ D.O.B _____

Parent's/Guardian's Name _____

Work/Home Number: _____ Cell Number _____

Address _____

Does your child go by a nickname? _____

Has your child ever attended preschool before? _____ Did he/she enjoy it? _____

Does your child have any physical disabilities or any type of allergies? _____

Does your child use the following at home? crayons _____ pencil _____ markers _____ Scissors _____

List any special interests your child has? _____

List names and ages of other children in your family. _____

Child will be picked up by: (if not a parent) _____

Will your child be picked up at: 12:00 or 2:00 (circle one)

Emergency Contact if different than parents: Name _____ Number: _____

Please add any additional information you feel we should be aware of. _____

Signature: _____ Date: _____

Thank you.
Alicia Coats, Director
Friendship Developmental Learning Center