

First Presbyterian Church - Child Development Center
512 Old Mount Holly Road - Stanley, NC 28164
704-263-4274

If the submit button doesn't work in your browser, save the file locally and open in Adobe Reader.

Application for Enrollment			
Child's Name (Last, First)	Child's Nickname	Today's Date	
Street Address	Age	Gender	
City	State	Zip Code	Date of Birth
Parent / Guardian Information			
Father / Guardian's Name		Primary Phone	
Street Address	City	State	Zip Code
Employer	Bus. Phone	Other Phone(s):	
Mother / Guardian's Name		Primary Phone	
Street Address	City	State	Zip Code
Employer	Bus. Phone	Other Phone(s):	
Child Emergency Information			
Persons allowed to pick-up child other than listed above. Must present valid ID.			
Name	Relationship to Child	Primary Phone	
Name	Relationship to Child	Primary Phone	
Name	Relationship to Child	Primary Phone	
Medical Information			
Child's Doctor / Clinic		Primary Phone	
Child's Dentist / Clinic		Primary Phone	
Hospital Preference		Primary Phone	
Parental Agreement			
I agree that the provider may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.			
Signature of Parent		Date	

**First Presbyterian Church - Child Development Center 512 Old
Mount Holly Road - Stanley, NC 28164
704-263-4274**

Information About Your Child		
Please share any information concerning your child which will be helpful in his/her experience in a group setting such as play, eating habits, special fears, special likes or dislikes, etc.		
Does your child have any known allergies? If yes, please explain.	Yes	No
Are there any restrictions you wish to be observed while at preschool? (Religious, dietary, etc.)		
Do you have any concerns about your child's speech, vision, hearing or behavior?		
Do you have other concerns about your child that we should know about?		
Where did you hear about our program?		
Does your child attend Sunday School regularly? If yes, what church?	Yes	No
Does your child have any brothers or sisters? List name and age.		

First Presbyterian Church - Child Development Center
 512 Old Mount Holly Road - Stanley, NC 28164
 704-263-4274

Child's Medical Information									
Child's Name (Last, First)				Child's Nickname		Date of Birth			
Name of Parent or Guardian									
Address of Parent or Guardian									
Section A: Medical History (completed by parent or guardian)									
1) Is child allergic to anything? If yes, explain.					Yes	No			
2) Is child currently under a doctor's care? If yes, explain.					Yes	No			
3) Is child on any continuous medication? If yes, explain.					Yes	No			
4) Any previous hospitalizations or operations? If yes, explain.					Yes	No			
5) Any history of significant diseases or recurrent illnesses?					Yes	No			
	Diabetes	Yes	No	Convulsions	Yes	No	Heart Trouble	Yes	No
	Others? Explain								
6) Does child have any physical disabilities? If yes, explain.					Yes	No			
7) Does child have any mental disabilities? If yes, explain.					Yes	No			
Signature of Parent					Date				
Section B: Physical Examination (completed and signed by Licensed Physician, his/her authorized agent currently approved by NC Board of Medical Examiners (or comparable board from bordering states), a certified Nurse Practitioner or public Health Nurse that meets DEHNR standards for EPSDT program).									
Height %	Weight %	Head	Eyes	Ears	Nose	Ext			
Teeth	Throat	Neck	Heart	Chest	Abd/GU	Skin			
Neurological System		Tuberculin Test Type, if given:		Date	Normal	Abnormal			
Should activities be limited? If yes, explain.					Yes	No			
Any other recommendations? If yes, explain.					Yes	No			
Date of Examination			Examiner License #		Phone #				
Signature of Examiner					Title				