



"LEARNING & GROWING IN GOD'S LOVE"

First Years

COMMUNITY PRESCHOOL

For Office Use Only:
Returning Family: _____
Paid In Full: Cash _____
Check # _____
Special Requests: _____
Class Plcement: _____

Summer Registration Form 2018

Name of Child _____ Sex _____

Address _____
(Street) (City) (Zip)

Date of Birth _____ Age as of June 1, 2017 _____

Class days desired: (18 months-3yrs) Circle: T W TH (3's - 5's) Circle: T W TH (schoolage-5th grd.) Circle: T W TH

Full Day (9am-3pm) _____ or Part Day (9am-12pm) _____ Please check one or the other, full day or part day

Home Phone _____ Church Affiliation _____

Email Address _____

Does your child have any allergies/special medical health conditions? No Yes

If yes, please describe below and further medical paperwork is required.

Name of Parents _____

Father's Place of Employment _____

Occupation _____

Address _____ Phone _____

Mother's Place of Employment _____

Occupation _____

Address _____ Phone _____

Name of Child's Physician (**must** provide this) _____

Address _____ Phone _____

Referred to the Preschool by _____

PLEASE TURN FORM OVER...CHILD & FAMILY INFORMATION ON BACK!

Child & Family Information Form – (you do not need to complete this portion for returning students only)

Child's full name _____

Does your child have any nick names? If so, what are they? _____

Who is in the child's immediate family? _____

Does anyone else live in the home with your child/family? _____

What is the primary language spoken in the home? And does your family have any specific family or cultural practices in the home?

Does your child have any comfort items? _____

What are some of your child's favorite things to do? _____

Does your child have difficulties with any of the following? (please write Yes or No)

_____ Walking _____ Talking _____ Eating _____ Toileting _____ Separation _____ Playing with others

If you answered "Yes" to any of the above, please explain: _____

Has your child had a previous child care experience (center based, in home, with family) or experience playing with other children? If yes, please describe:

Are there any changes or transitions that your child has recently experienced or is experiencing? (divorce, new home, new baby sibling, death of family member, pet, friend)

How would you describe your child's personality? _____

By nature is your child: (check all that apply) _____ Friendly _____ Aggressive _____ Shy _____ Loving
_____ Withdrawn _____ Anxious _____ Active _____ Emotional _____ Quiet _____ Affectionate

Are there any specific routines or things that tend to comfort your child? Please explain

Are there things that frighten your child? If so how does he/she react? _____

Are there things that cause your child to feel angry or frustrated? _____

What might you and/or your child be anxious about as he/she starts this program? _____

What are you and/or your child excited about as you start this program? _____

What are your expectations as you start this program? _____

Is there any other information that you would like to let us know about your child? _____

Signature _____ Date _____

Return this Registration form along with a \$35.00 non-refundable registration fee to:
First Years Community Preschool 6900 Market Ave. Canton, OH 44721
Attn: Shanan Geitgey
Checks should be made to First Christian Church or FCC