



First Friends Academy

4128 Connecticut Ave, Joplin, MO 64804 • 417/624-4585 • www.firstjoplin.org

ENROLLMENT APPLICATION

Space is limited. Wait list will be determined in the order applications are received.

Personal Information

Child's Name:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Address:		
City & Zip:	Home Phone	
Contact #1	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:	
Name:		
Mobile/Work:	Email:	
Contact #2	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:	
Name:		
Mobile/Work:	Email:	
Contact #3	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other:	
Name:		
Mobile/Work:	Email:	

If this is your first application to First Friends, what directed your attention to our school?

Word of Mouth Social Media Online Search Flyer Other

Class Selection: Please check the class you desire. Child must be the age indicated as of August 1 of the school year for which you are applying.

Tuesday/Thursday	9 am – 2 pm	\$180/month
Tuesday only	9 am – 2 pm	\$100/month
Thursday only	9 am – 2 pm	\$100/month

Please return application with non-refundable fee as follows:

- ♦ Registration fee of \$50 BEFORE June 1st. (You have been offered and accept a spot in the above class.)
- ♦ Registration Fee of \$75 June 1st and after
- ♦ Wait List Fee of \$25 (the above class is currently full, but you will be placed on the waiting list.)

Please make checks out to First Baptist Church Joplin. All fees are subject to change.

Check # _____ Amount _____

I understand that there are payment deadlines I must meet in order to hold my spot in this class. I also understand that I must have all required forms on file with First Friends Academy before the spot is officially held. **Initial** _____

For School Use:

Received \$ _____ Cash Credit card Check Date: _____

Status:

New Family Continuing Child Returning Family- New Child Alumni Family Other

Preschool Family Information Sheet

Dear Family,

We would appreciate your answers to the following questions so that we may provide the best possible care for your family. While we feel that each question is valuable, please understand that you are not required to share any information you don't feel comfortable about. The information is confidential and will only be shared with your child's teacher and program coordinator. Thank you for taking the time to share with us. We look forward to caring for your child and getting to know your family.

Child's Name _____ (prefers to be called) _____
Birthdate _____ Parent Email _____
Parent(s) Names _____

1. Who lives with your child? (Please include name, age, relationship, and occupation.)

2. If you share custody with another parent or partner, please describe this arrangement.

Because we value your family and its uniqueness, we would appreciate your sharing the following information with us, as you are comfortable.

3. What languages are spoken in your home? What does your child speak or understand?
4. What is your family's ethnic cultural background? Are there family traditions, customs, stories, foods, songs, etc that you would enjoy sharing with our class?
5. What beliefs/values do you feel are most important when raising your child? (like, nutrition, diet, TV viewing, super heroes, religious beliefs, respect for authority, etc.)
6. Do you attend church? If so, where? Would you like info on First Kids activities at First Baptist Church, or do you prefer not to be contacted? (Events such as Parents Night Out, camps, VBS, etc.)
7. Please list the usual routines/schedules/info for the following activities:
Napping Time: Length: Routine (song, suck thumb, story?)
Eating Times Breakfast: Lunch: Dinner:
Food likes and dislikes –

- Favorite Snacks Favorite Activities
Dislikes (Food, activities, other)
8. Does your child have any allergies or special medical/physical needs?