

**Harden Early Childhood Center**  
*part of Christian Home and Bible School*  
**Information Form**

Date \_\_\_\_\_

Child's name \_\_\_\_\_  
(last) (first) (middle) (to be called)

Child's physical address \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_ Requested Starting Date \_\_\_\_\_

Child's previous childcare/preschool \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing address \_\_\_\_\_

City and Zip \_\_\_\_\_ Pager/cell \_\_\_\_\_

Place of employment/title \_\_\_\_\_ Wk phone \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing address \_\_\_\_\_

City and Zip \_\_\_\_\_ Pager/cell \_\_\_\_\_

Place of employment/title \_\_\_\_\_ Wk phone \_\_\_\_\_

Does this child have any physical or emotional problems that may require special considerations (including any diagnosed or suspected learning difficulties or behavior problems)? \_\_\_\_\_ Please describe. \_\_\_\_\_

Special instructions regarding eating habits, allergies, handicaps, toilet-training, fears or other areas of concern \_\_\_\_\_

Is child toilet trained? \_\_\_\_\_ No \_\_\_\_\_ Yes (Does not wear diapers or pull ups)

List any siblings attending/applying to CH&BS and their grades. (Elementary, High School, or HECC).

Siblings: \_\_\_\_\_  
Name School Grade

Siblings: \_\_\_\_\_  
Name School Grade

List other siblings and schools where attending \_\_\_\_\_

List any family members who previously attended CH&BS. \_\_\_\_\_

Church preference \_\_\_\_\_ Church currently attending \_\_\_\_\_

Interested in Child attending: Preschool only \_\_\_\_\_

Pre-k - Elementary only \_\_\_\_\_

Or Pre-k - High School \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

**Please select days and hours**

\_\_\_\_\_ 2 days (Tues. & Thur.) Choose One \_\_\_\_\_ 7:30 - 11:30 a.m.

\_\_\_\_\_ 3 days (Mon., Wed., Fri) \_\_\_\_\_ 7:30 - 3:00

\_\_\_\_\_ 5 days (Mon. - Fri.) \_\_\_\_\_ 7:30 - 6:00