

# Application for Enrollment - 2026-2027

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

(This form is to be filled out once your child's placement in our program is CONFIRMED).

Child's (Preferred) Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Gender (circle one): MALE or FEMALE Age/DOB: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

**Emergency Contact Information** - Please list those who have your permission to receive emergency phone calls or to pick up your child after school. They may have to present a valid ID for pick up.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

## Emergency Medical Information:

Child's Primary Care Physician (Name/Phone): \_\_\_\_\_

Child's Dentist (Name/Phone): \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

(Form continues on the back →)

## Parental Agreement:

I agree that the childcare provider (the CDC) may authorize the physician/first responder of their choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

## Information about your child:

Information concerning your child will be helpful for placing them in particular classrooms and their teacher understanding their educational/physical needs. It will also be helpful in their experience in group sessions (play, eating habits, special fears, unique likes/dislikes). This information will not be shared outside of our circle of teachers.

Does your child have any known allergies?: \_\_\_\_\_

Are they medicated for the allergy?: \_\_\_\_\_

Are there any dietary restrictions that we need to observe? \_\_\_\_\_

Do you have any concerns about your child's speech, vision, hearing, behavior? \_\_\_\_\_

Do you have any concerns about your child? \_\_\_\_\_

Do you have specific goals for your child's education this year? \_\_\_\_\_

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

Does your child attend church on a regular basis? \_\_\_\_\_

Would you like to tell us where they attend? \_\_\_\_\_

Does your child have brothers/sisters? (Name/age is helpful as we speak to your child about their family): \_\_\_\_\_

***"Train up a child in the way he should go and when he is old, he will not depart from it."***

***Proverbs 22:6***

# Child's Medical Report - 2026-2027

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

This does not have to be filled out by a doctor but we do request that you include an official immunization record from your child's physician.  
Please use the back of this form for more space if needed.

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

Name (print) of Parent/Guardian filling out form: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

## Child's Medical History:

1. Is the child allergic to anything? YES or NO  
If yes, please detail allergy/care: \_\_\_\_\_
2. Is your child currently under a doctor's care for any chronic conditions? YES or NO  
If yes, please detail: \_\_\_\_\_
3. Is your child on any continuous medication? YES or NO  
If yes, please detail: \_\_\_\_\_
4. Has your child had any previous hospitalizations or operations? YES or NO  
If yes, please detail: \_\_\_\_\_
5. Is there any history of significant disease or recurrent illness? YES or NO  
If yes, please detail: \_\_\_\_\_
6. Does your child have any physical limitations that we may need to accommodate?  
If yes, please detail: \_\_\_\_\_
7. Does your child have any cognitive issues that we should know about yet? YES or NO  
If yes, please detail: \_\_\_\_\_