

Date: _____

Please circle which days you are interested in: M/W

T/Th

Amount: _____

2017/18 Fall Registration
First Baptist Church Early Education Program
& Weekday Preschool

Child's FULL Name _____ Birthdate _____

Name your child prefers to go by _____ Gender _____

Email address _____ (if this is NOT a good form of communication for you please let the director know.)

Parents Relationship to each other _____ Married _____ Divorced _____ Separated _____ Single

Child lives with (please check all that apply): _____ Mother & Father _____ Mother
_____ Father _____ Other

Father/Guardian's Name _____

***If Guardian, what is the relationship _____

Home address _____ Phone _____

City _____ State _____ Zip code _____

Occupation _____

Employer _____

Work Phone Number _____ Cell Number _____

Mother's/Guardian's Name _____

***If Guardian, what is the relationship _____

Home Address (if different from above) _____

_____ Phone _____

City _____ State _____ Zip code _____

Occupation _____ Employer _____

Work Phone # _____ Cell # _____

Family Religious preference _____ Church Membership _____

How did you find out about our program? _____

List at least one local person who will be available to assume responsibility for your child in an emergency if you cannot be reached:

Name _____ Relationship to
child _____ Address _____

City _____ State _____ Zip _____
Occupation _____ Employer _____
Work Phone _____ Home Phone _____ Mobile Phone _____

I authorize my child, _____, to be released by FBC Early Education Program to the following persons, in addition to those already listed on this form.

Name _____ Relationship to child _____
Address _____
City _____ State _____ Zip _____
Work # _____ Home # _____ Cell # _____

This facility is not required to be licensed by the state as a child care agency.

Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention. I authorize FBC Early Education Program/Preschool staff to take my child to an emergency room, or to the following physician or his/her associates, for medical care.

Dr. _____
Hospital _____ address _____
phone _____ City _____
State _____ zip _____
Special Instructions _____

****I give consent for any and all treatment deemed necessary by the attending physician.
(Attach a copy of insurance card)**

Signature of _____
parent/guardian _____

Power of Attorney

I hereby give my consent to First Baptist Early Education Program/Preschool to act on my behalf in medical emergency. I understand that the cost of this care will be paid by me. It is understood that a conscientious effort will be made to notify me. If I am unreachable, other persons authorized to act on my behalf in medical emergencies will be contacted provided time permits.

BY SIGNING THIS I AM ALSO AGREEING TO ALL TERMS AND CONDITIONS OF THE 2016-17 PARENT HANDBOOK.

Child's Name(please print) _____
Parents Name(please print) _____
My Medical Facility of choice is _____
Parent Signature _____ Date _____