



First Baptist Church Learning Center

Registration Forms

(A Ministry of First Baptist Church, Ardmore)

Summer: _____ Academic Year: _____

Child's name _____ Birthday _____

Parent's names _____

Address _____ City _____ Zip _____

Mom's work phone _____ Dad's work phone _____

Mom's cell phone _____ Dad's cell phone _____

Mom's email _____ Dad's email _____

I understand that the enrollment fee is due at the time of registration and this fee is **NON-REFUNDABLE**.

No exceptions will be made unless a class does not make.

In addition, I understand that if I choose to take my child out of FBC Learning Center, I will notify the Director **in writing** at least two weeks prior to taking my child out. If I fail to give the Director a two week notice in writing, I understand that I will still be liable for paying two weeks of tuition even if my child does not attend the program for those two weeks.

By signing below, I am acknowledging that I have received and understand the FBC Learning Center Parent Handbook.

Signature

Date



FBC Learning Center
First Baptist Church, Ardmore
225 1st Avenue SW
Ardmore, Oklahoma 73401
580-223-1473
Barbara Goodman, Director
Hours 9:00 a.m. - 2:45 p.m.

Admission Information

Child's name _____ Birthday _____ Gender _____

Address (include city, state, zip code) _____

Email _____

Home Phone # _____ Mother's cell phone # _____

Father's cell phone # _____

Mother's name _____ DL# _____

Employer _____ Work Phone # _____

Father's name _____ DL# _____

Employer _____ Work Phone # _____

Legal Guardian's name (If applicable) _____ DL# _____

Employer _____ Work Phone # _____

Custodial Parent? _____ Mother _____ Father _____ Both _____ Legal Guardian

Do you attend FBC Ardmore? _____ If no, where do you attend? _____

Give the name, address, driver's license number, and phone number of a local person to contact in case of an emergency if parents/guardian cannot be reached:

Name _____ Home Phone # _____

Cell Phone # _____

Address (street, city, and zip code) _____

Driver's License # _____ Relationship to Student _____

How did you hear about us?

____ Church

____ Newspaper Ad

____ Website

____ Other _____

____ Friend

I hereby authorize that my child may leave school only with the following persons:

Name _____

Phone # _____ DL# _____

Name _____

Phone # _____ DL# _____

Name _____

Phone # _____ DL# _____

Please **read and initial** the following statements and then sign below:

_____ BIRTH CERTIFICATE: I will attach a copy of my child's birth certificate with this enrollment packet. **(If on file, do not submit a new copy)**

_____ SHOT RECORD: I will attach a copy of my child's shot record with this enrollment packet. **(If on file, do not submit a new copy)**

_____ WATER ACTIVITIES: I hereby ____ give or ____ do not give my consent for my child to participate in water activities: (check all that apply)
_____ sprinkler play _____ water table play _____ splashing/wading pools

_____ HANDBOOK OF POLICIES AND PROCEDURES: I have received a copy of the FBC Learning Center Parent Handbook of Policies and Procedures. I have read and fully understand the information contained in the handbook.

_____ ILLNESS POLICY: Any child showing symptoms of illness will be isolated in Church office and his/her parents will be contacted. Your child cannot return to school unless he/she has been free of fever, vomiting and/or diarrhea for at least 24 hours. If your child has a green runny nose, please contact your physician. Because this is not always related to allergies, your child will not be permitted to attend FBC Learning Center until his/her nose is running clear. Many infections are spread because of yucky noses. We want to make sure we keep all of the children at FBC Learning Center healthy.

Please mark the following questions with a 'yes' or 'no'.

_____ May we have permission to photograph your child?

_____ May we have permission to use your child's photographs in church and program publications for the purpose of promotion?

Parent's signature _____ Date _____