

**Ooltewah Baptist Church**  
**5514 Main Street (Mailing Address: P.O. Box 9) Ooltewah, TN 37363 Phone (423) 551-3834**  
**CREATIVE LEARNING PROGRAM**  
**2021-2022 Registration Form**

Please return this application with your Registration fee (non-refundable)  
Registration fee is \$60

**Please make all checks payable to CLP/ OBC.**

August Tuition \$100  
Tuition September through May \$180 per month

**Children will be placed in programs on a first come first serve basis. If space is not available, would you be willing to place your child on a waiting list?   YES       NO**

**Please PRINT clearly**

Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender       F       M

Address: \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_

Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_

Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Email address \_\_\_\_\_

\*Please use primary email that you want to be contacted through.

Marital Status of Parents: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_

If not residing together, who has legal custody of child? \_\_\_\_\_

\_\_\_\_\_  
Signature of Mother / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Father / Guardian

\_\_\_\_\_  
Date

Religious Affiliation \_\_\_\_\_ Church Attending \_\_\_\_\_

I would like someone to contact me from Ooltewah Baptist Church. Yes ☐ No ☐

**PLEASE COMPLETE BACK OF FORM**

**Transportation/Emergencies:**

**Please list the adults, other than parents, you authorize to act on your behalf should we not be able to contact you.**

_____	_____	_____	_____
<b>Name</b>	<b>Relationship</b>	<b>Phone #</b>	<b>Cell #</b>
_____	_____	_____	_____
<b>Name</b>	<b>Relationship</b>	<b>Phone #</b>	<b>Cell #</b>
_____	_____	_____	_____
<b>Name</b>	<b>Relationship</b>	<b>Phone #</b>	<b>Cell #</b>

**For office use only:**

**Date form received:** \_\_\_\_\_

**Date registration fee received:** \_\_\_\_\_ **Check #** \_\_\_\_\_

**Receipt #** \_\_\_\_\_