



Preschool Enrollment Form

CHILD

Name _____
First Middle Last Preferred First Name

Birth Date ____/____/____ Age ____ years ____ months Sex M F

PARENTS

Mother _____

911 Address _____ *Home Phone* _____

City and Zip _____

Employed at _____

Work Telephone _____ Work Hours _____

Father _____

911 Address _____ *Home Phone* _____

City and Zip _____

Employed at _____

Work Telephone _____ Work Hours _____

If parents are divorced, which parent has primary custody of child? _____

A \$100 deposit and the health form must accompany this enrollment application.

Parent Signature Date

EMERGENCY INFORMATION

Child's Name _____ Date of Birth ____/____/____

Mother _____ Cell _____ Work Phone _____

Father _____ Cell _____ Work Phone _____

Person(s) to contact if parents are unavailable

Name _____ Relationship to Child _____

Address _____ Phone # _____

Name _____ Relationship to Child _____

Address _____ Phone # _____

Child's Physician _____ Phone # _____

Address _____

In the event that I cannot be reached, I hereby give my permission for my child to receive any necessary emergency medical care or treatment. I understand that every effort will be made to contact me or my spouse before such action is taken. I will be responsible for the payment of such care or treatment

Signature of Parent Date

EMERGENCY INFORMATION

I hereby give permission for my child, _____, to leave First Baptist Church Preschool with the following person(s) named below. It is my responsibility to notify the center, in writing, of any changes.

Name	Relationship
_____	_____
_____	_____
_____	_____

_____ Signature of Parent	_____ Date
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If there is a separation or divorce custody problem of which we should be aware, please explain.

Name of person(s) who may NOT pick up the child: _____

FIELD TRIP PERMISSION FORM

I hereby give permission for my child, _____, to leave the FBC Preschool premises under the supervision of the teacher for neighborhood walks or field trips in an authorized vehicle.

_____ Signature of Parent	_____ Date
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