

First Baptist Church | Mother's Day Out

_____ 3 day class (T,W,Th)

Registration fee _____

_____ 2 day class Tu W Th
(Circle 2 preferred days)

Date paid _____

Check # _____ Cash _____

Date _____ School Year _____ () Re-enrollment () New Enrollment

Student's Name _____ Birth Date / / _____

Sex _____

Mailing Address _____

City _____ State _____ Zip _____

Father's Name _____ Cell # () _____

Employer _____ Work # () _____

Mother's Name _____ Cell # () _____

Employer _____ Work # () _____

Preferred E-mail address: _____ Preferred contact number: _____

If parents are separated or divorced, with whom does the child live? _____

Church now attending _____

Does child attend Sunday School regularly? Yes No

EMERGENCY INFORMATION Responsible adults whom the child is allowed to be released to and who to contact if the child's parents cannot be reached:

Name: _____ Home # _____ Cell # _____

Name: _____ Home # _____ Cell # _____

Name: _____ Home # _____ Cell # _____

Any information that would be helpful in working with your child: favorite play things, likes, dislikes, habits, etc..._____

Is your child currently receiving any special services or therapies? []Y []N

List other children in the family

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Emergency Medical Form

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize First Baptist Church Preschool/Kindergarten/Mother's Day Out Weekday Education Program staff to take my child, _____, to an Emergency Room, or the following physician or his/her associates, for medical care:

Doctor: _____ Phone: _____

Hospital: _____

Medical Concerns or Physical Difficulties: _____

Known Allergies: _____

Is your child allergic to insect bites? ____ Yes ____ No

If so, what kind and how does your child react to bites? _____

I give consent for any and all treatment deemed necessary by the attending physician.

Signature of Parent or Guardian