

First Baptist Church

Mother's Day out and Preschool Enrollment Form

311 North Pine Street . Vivian LA 71082 . (318) 455-8939 or (318) 375-3245

Child's Name:		Sex:
Address:	City:	Zip:
Birth Date:		Social Security #:
Home Phone #:	Admission Date:	Class:

PARENT INFORMATION:

Marital Status:	Number of children:	Ages:
Religious Affiliation:	Church	
Child lives with:		
Father:	Social Security #:	
Address:	Phone #:	
Employment:	Phone #:	
Mother:	Social Security #:	
Address:	Phone #:	
Employment:	Phone #:	

PERSON TO CALL IN EMERGENCY WHEN PARENT CANNOT BE REACHED:

Name:	Relationship:	
Address:	Phone #:	
Name:	Relationship:	
Address:	Phone #:	
Describe child's past illnesses and/or physical defects:		
Describe child's habits:		
Likes:	Dislikes:	Favorite Hobby:
Ability to play with other children:		Toilet Training:
Person(s) to whom child may be released:		

**PLEASE CHECK THE FEE BOX WHICH APPLIES TO THE NUMBER OF CHILDREN YOU HAVE:
I AGREE TO PAY THE AMOUNT OF:**

\$20.00 Registration Fee (Non-refundable) and \$70.00 a month for 1 child	
\$40.00 Registration Fee (Non-refundable) and \$120.00 a month for 2 children (\$60.00/child)	
\$60.00 Registration Fee (Non-refundable) and \$165.00 a month for 3 children (\$55.00/child)	

CODE WORD:		
Emergency Medical Information:		
Doctor:	Address:	Phone #:
Dentist:	Address:	Phone #:
Insurance Co.	ID#:	Hospital:
Please list any allergies or special medical information the school may need to know about:		

PARENTS SIGNATURE: _____

DATE: _____