

# FIRST BAPTIST CHURCH MOTHER'S DAY OUT AND PRESCHOOL ENROLLMENT FORM

Child's Name:		Sex:	Ethnic:
Address:		City:	State:
Birth Date:			
Home Phone #:	Admission Date:	Class:	

**PARENT INFORMATION:**

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

\$40.00 Registration Fee (Non-refundable) and \$90.00 a month for 1 child	
\$80.00 Registration Fee (Non-refundable) and \$160.00 a month for 2 children (\$80.00/child)	
\$120.00 Registration Fee (Non-refundable) and \$210.00 a month for 3 children (\$70.00/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:** \_\_\_\_\_

