## FIRST BAPTIST CHURCH PRESCHOOL REGISTRATION FORM 2021-2022 SCHOOL YEAR

Please complete the following information on the front and back of this form.

Registering for:2 yr. class3 yr.	r. class4 yr. class
Nonrefundable Registration Fee - \$30.00	Date Paid
Child's Full Name	
Name Used Date	of Birth Gender
Home Address	
Home Phone	
Father's Name	Occupation
Address (if different from above)	
E-mail address	
	Work phone
Employer's address	Cell Phone
Mother's Name	Occupation
Address (if different from above)	
E-mail address	
Employer	Work phone
Employer's address	Cell Phone
Pupil lives with: Parents Mother Names & Ages of Other Children in Family	Father Grandparents
Does child attend Sunday School?	Where?
	Where?
Any serious illnesses or accidents?	
Allergies or emotional problems? If yes, pl	ease explain

## WHERE TO CONTACT PARENTS DURING SESSION (8 - 11 AM)

Mother	Phone Number
Father	
Emergency Contact if you cannot be reached:	Name
Relationship	
Cell Phone Number	
Name of Physician to be contacted in Case of	Illness or Emergency:
	Phone Number
I (we) the undersigned, authorize the First Bay take our child to the nearest hospital to render	ptist Church Staff, in the event of an emergency, to emergency treatment if necessary.
Parent's Signature	Date
I (we) give permission for school year. I (we) understand that I (we) will the children will be going.	to go on field trips during the l be notified when trips are to take place and where
Parent's Signature	Date
	ton may use photographs/videos or my child for cising and web content, such as the church website
Parent's Signature	Date

<sup>\*</sup>Registration is **not** complete until the Registration Fee is paid in full.