FIRST BAPTIST CHURCH
PRESCHOOL REGISTRATION FORM
2019-2020 SCHOOL YEAR

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

Date_____ Registering for: _____2 yr. class _____3 yr. class _____4 yr. class

Nonrefundable Registration Fee - $30.00 Date Paid_____

Child's Full Name_____

Name Used_____ Date of Birth _____

Home Address_____

Home Phone _____

Father's Name _____ Occupation_____

Address (if different from above) _____

E-mail address_____

Employer _____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 ____ Father ____ Grandparents _____

Names & Ages of Other Children in Family_____

_____

Does child attend Sunday School? _____ Where? _____

Is family a member of a local church? _____ Where? _____

Any serious illnesses or accidents? _____

Allergies or emotional problems? If yes, please explain_____

_____

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

Mother_____ Phone Number_____

Father_____ Phone Number_____

Emergency Contact if you cannot be reached: Name_____

Relationship_____ Phone Number_____

Cell Phone Number_____

Name of Physician to be contacted in Case of Illness or Emergency:

_____ Phone Number_____

I (we) the undersigned, authorize the First Baptist Church Staff, in the event of an emergency, to take our child to the nearest hospital to render emergency treatment if necessary.

Parent's Signature_____ Date_____

I (we) give permission for _____ to go on field trips during the school year. I (we) understand that I (we) will be notified when trips are to take place and where the children will be going.

Parent's Signature_____ Date_____

I (we) agree that First Baptist Church of Clinton may use photographs/videos or my child for such purposes as publicity, illustration, advertising and web content, such as the church website and Facebook.

Parent's Signature _____ Date _____

*Registration is **not** complete until the Registration Fee is paid in full.