



THE CHURCH AT STATION HILL

A REGIONAL CAMPUS OF Brentwood Baptist

office use only

Date Rec'd: _____
Time Rec'd: _____
Cash/Check#: _____
Amount: _____
Class: _____

STUDENT APPLICATION

Student Name: _____ DOB: _____ Gender: M F

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Child's Preferred Name: _____

Primary Contact Email: _____

Does your child have any allergies? Yes No Please list allergies: _____

Does your child take medication on a regular basis? Yes No Please list medications: _____

Child lives with: Mother Father Both Other _____

Are there any custody issues that we need to be aware of? _____

Is your child potty trained? Yes No (Students in the 3Y/O program and above must be potty trained.)

Mother's Name: _____ Contact Phone: _____

Employer: _____ Contact Phone: _____

Father's Name: _____ Contact Phone: _____

Employer: _____ Contact Phone: _____

Church currently attending: _____

In case you are not able to be reached, who is another contact person we can call? _____

Name: _____ Contact Phone: _____

Please list all people (excluding the parent/guardian) who are permitted to pick up your child:

Medical Information

Pediatrician: _____ Phone: _____

Insurance Provider: _____ Policy Number: _____

In case of emergency, I authorize Station Hill MDO to contact emergency personnel (ambulance/fire/police) on behalf of my child and their immediate need. I understand that every effort will be made to contact me (the parent/guardian) should such a situation occur.

Parent Signature: _____ Date: _____

*****Immunization Records must be received by August 10th of the current school year.*****

Is there any additional information that we need to know about your child? _____

One of the steps to register our preschool with the state is to make parents aware that we are not required to be licensed by the state because students attend only two days per week, for no more than 6 hours per day. By signing below, you acknowledge your awareness of the following statement:

This facility is not required to be licensed by the state as a child care agency.

Parent Signature: _____ Date: _____