

**FIRST BAPTIST CHILDREN'S OUTREACH**

**Last Name:** \_\_\_\_\_

<i>First Name</i>	<i>Class</i>	<i>Sex</i>	<i>Birthdates</i>	<i>Tuesday</i>	<i>Thursday</i>
1.					
2.					
3.					

Mother: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Father: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email \_\_\_\_\_

I have read the FBCO rules and agree to abide by them: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent or Legal Guardian's Signature

<b><u>School Enrollment Fees and Tuition</u></b>	
1 Child \$60 (After Jan 1 <sup>st</sup> )	\$35
2 Children \$70 (After Jan 1 <sup>st</sup> )	\$45
3 or more \$80 (After Jan 1 <sup>st</sup> )	\$55
<i>Over 18 Months: \$140</i>	
<i>6-18 months : \$165</i>	

**THERE ARE NO REFUNDS FOR PREPAID TUITIONS!**

<b><u>Summer Enrollment Fees and Tuition</u></b>	
1 Child \$40	
2 Children \$50	
3 or more \$60	
<i>Over 18 Months: \$145</i>	
<i>6-18 months : \$175</i>	

**In case of an emergency, please notify: (someone other than parent)**

- Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
- Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please list any medication or medical treatment your child is currently on; also list any health problems, asthma or allergies (food, drug, animal, hay fever, etc) that your child has: \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Hospital Preference:** \_\_\_\_\_ **Insurance Co. Name:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**In order to meet all requirements, I hereby authorize a representative of *First Baptist Children's Outreach* to give consent for any and all necessary medical care for my child(ren) \_\_\_\_\_ while said child is in said *FBCO* custody.**

Name of Child(ren)

\_\_\_\_\_  
 Parent or Legal Guardian Signature Date

**Helpful Hints for Teachers:**

- Does your child prefer to use his right or left hand when coloring, etc?
- List any fears, worries or habits: \_\_\_\_\_