

**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

**School Year Enrollment Fees**

1 Child \$70  
 2 Children \$80  
 3 or more \$90

**Summer Enrollment Fees**

1 Child \$60  
 2 Children \$70  
 3 or more \$80

**School Year Tuition Rates**

Over 18 Months: \$170  
 6-18 months: \$185

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

**Summer Enrollment Tuition Rates**

Over 18 Months: \$170  
 6-18 months: \$185

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

1. Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 2. 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?

1. List any fears, worries or habits: \_\_\_\_\_