



2019-2020 School Year Student Application for Admission

First Baptist Church Corinth

3033 Meadowview Drive, Corinth, TX 76210

Phone: (940)321-5689 www.fbckidsdayout.org

Child's Name (first, middle, last): _____

Primary name child goes by: _____

Child's Age (ON SEPT. 1, 2019): _____ Birth date (mo/day/yr): _____ Gender: _____

If your child is 18-23 months old, you have the option of enrolling them in 1 or 2 days. Please check one of the following: _____ Tuesday only _____ Thursday only _____ Both days

Home Address: _____ City: _____ Zip: _____

Primary E-mail: _____

Secondary E-mail address: _____

Father's name: _____ Occupation: _____ Cell phone: _____

Mother's name: _____ Occupation: _____ Cell phone: _____

Primary number we should call in case of illness or emergency:

Name: _____ Cell phone: _____

Siblings' names and ages: _____

Does your child have any allergies? (food, pet hair, asthma, seasonal, etc.) _____

List any medications your child takes regularly _____

Is your child completely potty trained? (required for 4's class only) _____

Primary language spoken in the home: _____ Bilingual? _____

Office only: Fee Paid _____ Cash / Check # _____ Date _____

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Any additional special needs or information that would be helpful to the teachers? (i.e.: fears, **medical conditions**, custodial issues, requests)

Previous preschool attendance: _____

Church Affiliation: _____

How did you hear about KDO? _____

Please list anyone who referred you: _____

Would you like more information about visiting First Baptist Church Corinth? _____

Insurance company: _____ Policy / group number: _____

Child's Physician : _____ Phone #: _____

Emergency Contacts: (other than parents or guardians)

Name: _____ Relationship : _____

Phone Number: _____ DL #: _____

Name: _____ Relationship: _____

Phone Number: _____ DL #: _____

In case of an emergency, such as serious illness or accident, and in the event that neither my spouse or I could be reached, I authorize First Baptist Church Corinth Kid's Day Out to contact my doctor and/or Denton Regional Medical Center for emergency treatment.

I assume all risk and hazards incidental to such participation and I hereby waive, release, indemnify and agree to hold harmless Kids Day Out for any claim arising out of an injury to the student named above.

I also understand that this application will be accompanied by a \$125 enrollment fee for new students and a \$100 enrollment fee for current students, (\$80 for additional siblings), and that this fee is **non-refundable** and considered my commitment to participate in the Kids Day Out program. Please make checks payable to Kids Day Out.

Parent Signature: _____ Date: _____