

For Office Use Only:  
Class \_\_\_\_\_  
Deposit \_\_\_\_\_

# Weekday Ministries Application



Child's Name \_\_\_\_\_  
Male \_\_\_\_ Female \_\_\_\_ Date of Birth: \_\_\_\_\_ Attended School Previously? Yes \_\_\_\_ No \_\_\_\_  
Street Address: \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_  
Parents: Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Single \_\_\_\_  
Father's Employer & Phone: \_\_\_\_\_  
Father's Email Address: \_\_\_\_\_  
Mother's Employer & Phone: \_\_\_\_\_  
Mother's Email Address: \_\_\_\_\_

## **BROTHERS & SISTERS**

Name / Age \_\_\_\_\_ / \_\_\_\_\_ Name / Age \_\_\_\_\_ / \_\_\_\_\_  
Name / Age \_\_\_\_\_ / \_\_\_\_\_ Name / Age \_\_\_\_\_ / \_\_\_\_\_

Religious Denominational Preference: \_\_\_\_\_ Church Members of \_\_\_\_\_  
Allergies? \_\_\_\_\_

Special Medical Information or Medication? \_\_\_\_\_

Please list who is allowed to pick the child up from school?

\_\_\_\_\_  
\_\_\_\_\_

## **EMERGENCY INFORMATION**

Emergency Phone Number (other than home) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company & Number \_\_\_\_\_

*\*In the event you cannot be reached at home or the above emergency phone, any child injured sufficiently to need medical attention will be taken to the hospital and your doctor will be notified immediately.*

*~ a ~ b ~ c ~ d ~ e ~ f ~ g ~ h ~ i ~ j ~ k ~ l ~ m ~ n ~ o ~ p ~ q ~ r ~ s ~ t ~ u ~ v ~ w ~ x ~ y ~ z ~*

- I acknowledge Morningside Christian Preschool is exempt from needing a license by the State of Georgia.
- I give consent for my child to take field trips as the occasion arises (excludes PreK 2).
- I give Morningside Baptist Church permission to photograph and video my child for in-house publications.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent's Signature