

Office Use Only
 Date Received: _____
 Enrollment Fee: _____

Broadway Baptist Church

Mom's Day Out & Preschool 2019-2020

www.broadwaybaptistchurch.org (859) 276-2592
 Sherry Lyons, Director slyons@broadwaybaptistchurch.org

<p style="text-align: center;">Mom's Day Out <i>Must be 2 by August 1, 2019</i> \$75 Application fee.</p> <p>_____ One Day (\$85/month) _____ Two Days (\$145/month) _____ Three Days (\$160/month)</p> <p><i>Please choose days attending:</i></p> <p>___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri.</p>	<p style="text-align: center;">Pre-K (3-year-old) <i>Must be 3 by August 1, 2019</i> \$75 Application fee. All preschoolers must be fully toilet trained.</p> <p>_____ Mon./Wed. (\$145/month) _____ Tues./Thurs. (\$145/month)</p>	<p style="text-align: center;">Pre-K (4-year-old) <i>Must be 4 by August 1, 2019</i> \$75 Application fee. All preschoolers must be fully toilet trained.</p> <p>_____ Mon./Wed./Fri. (\$160/month) _____ Tues./Thurs./Fri. (\$160/month)</p>
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Child Information

Child's Full Name _____ Preferred Name _____
 Sex _____ Age _____ Birthday _____
 Address _____ City _____ Zip _____
 Home Phone _____ Cell Phone _____

Parent Information

Name of Father/Guardian _____
 Occupation _____ Employer's Name _____
 Employer's Address _____
 Business Phone _____ Cell Phone _____
 E-mail _____
 Name of Mother/Guardian _____
 Occupation _____ Employer's Name _____
 Employer's Address _____
 Business Phone _____ Cell Phone _____
 E-mail _____

Family Information

Church Attending _____
 Name and Ages of Other Children in the Family _____

Is This Your Child's First Experience In A Peer Group? _____

Please list concerns about child separation _____

Is your child left-handed or right-handed? _____

Emergency Contact Information (*Other than Parents*)

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Child's Physician: _____ Phone _____

Insurance Information: _____ Policy # _____

Child's Dentist: _____ Phone _____

Emergency Hospital You Prefer: _____

Medical History

Please list any medical conditions your child may have (*i.e. asthma, allergies, etc.*)

Current Medications: _____

Food/Drink Allergies: _____

Animal Allergies: _____

Please list any other special needs/concerns (*i.e. fears, speech/hearing problems, etc.*)

A Current Immunization Certificate Is Attached: Yes___ No___

Registration Fee Is Attached: Yes___ No___

Reason for choosing our program: _____

How did you hear about our program? _____

Can we include your name, address, e-mail, and telephone number for the class directory?

Yes_____ No_____

I consent to the enrollment of my child, _____, into the Broadway Baptist Preschool Program, and agree that the Broadway Baptist Church shall not be responsible in case of sickness

or in the event that my child is injured while attending Preschool at Broadway Baptist Church. I grant permission for any staff member in charge to administer treatment or obtain necessary medical attention to stabilize my child. I also agree to use my family health insurance as the primary coverage.

Parent's Signature _____ Date _____