



Office Use Only
Date Received: _____
Registration Fee: _____

<p>Mom's Day Out Must be 2 by August 1, 2020 \$75 Application fee.</p> <p>_____ One Day (\$85/month) _____ Two Days (\$145/month) _____ Three Days (\$160/month)</p> <p>Please choose days attending: _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri.</p>	<p>Pre-K (3-year-old) Must be 3 by August 1, 2020 \$75 Application fee. All preschoolers must be fully toilet trained.</p> <p>_____ Mon./Wed. (\$145/month) _____ Tues./Thurs. (\$145/month)</p>	<p>Pre-K (4-year-old) Must be 4 by August 1, 2020 \$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's Information

First Name _____ Last Name _____
 Preferred Name _____ Sex _____
 Date of Birth _____ Age _____
 Address _____ City _____ Zip _____
 Home Phone _____ Cell Phone _____

Parent's 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 any 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 ___

\$75 Registration Fee Is Attached: Yes ___ No ___

Reasons 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 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 _____