

# Enrollment Form

## Pleasant Grove Baptist Preschool

**Child's Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Driver's License** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Driver's License** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Mobile** \_\_\_\_\_

How did you find out about our program? \_\_\_\_\_

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### Emergency Contact

List at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Driver's License \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

### Release of Child

I authorize that my child to be released by Pleasant Grove Baptist Preschool to the following persons, in addition to those already listed on this form.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

## Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Pleasant Grove Baptist Preschool staff to take child to an Emergency Room, or to the following physician or his/her associates, for medical care.

Dr. \_\_\_\_\_ Hospital \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Special Instructions \_\_\_\_\_

I give consent for any and all treatment deemed necessary by the attending physician.

(Attach a photocopy of your insurance card.)

\_\_\_\_\_  
(Signature of Parent/Guardian)

## Child's Health Record

Pleasant Grove Baptist Preschool Program

3385 Roan Creek Road

Mountain City, Tennessee 37683

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

A copy of immunization records is to be attached to this form.

Is the child free from communicable disease? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the child potty trained? \_\_\_\_\_ Yes \_\_\_\_\_ No

List any medications and drugs taken regularly by the child \_\_\_\_\_

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Other special physical conditions: \_\_\_\_\_

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## Medical History

Measles \_\_\_\_\_

Mumps \_\_\_\_\_

Chicken Pox \_\_\_\_\_

Whooping Cough \_\_\_\_\_

Flu \_\_\_\_\_

Meningitis \_\_\_\_\_

Convulsions \_\_\_\_\_

Allergies \_\_\_\_\_

### Is there any evidence of:

Hearing loss or difficulties? \_\_\_\_\_

Vision difficulties? \_\_\_\_\_

Speech disabilities? \_\_\_\_\_

### List any:

Hospitalizations \_\_\_\_\_

Operations \_\_\_\_\_

Other serious illnesses \_\_\_\_\_

### Picture of Child

## Photo/Video Release Form for Minors (under 18)

Pleasant Grove Baptist Church Preschool has my permission to use my child's photograph/videotape publicly to promote the preschool. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_