

FIRST BAPTIST CHURCH PRESCHOOL
Application for Enrollment
2020-21

Name of Child _____
First Middle Last

Name you prefer child to be called _____ Male _____ Female _____

Date of Birth _____ # of days per week _____

Mother's Name _____

Mother's home street address _____

City, State, Zip _____

Email address _____

Mother's place of employment _____

Mother's employment street address _____

City, State, Zip _____

Mother's home phone number _____

Mother's cell number _____ Mother's work number _____

Father's Name _____

Father's home street address _____

City, State, Zip _____

Email address _____

Father's place of employment _____

Father's employment street address _____

City, State, Zip _____

Father's home phone number _____

Father's cell number _____ Father's work number _____

Alumni Family? Yes _____ No _____

Name of church presently attending: _____

Sisters & Brothers (names and ages) _____

Physician Name _____ Phone Number _____

Physician Address _____

Please complete reverse side.

Emergency contacts (two must be listed)

1. Name _____

Street Address _____

City, State, Zip _____

Home Phone Number _____

Work Phone Number _____

Cell Phone Number _____

2. Name _____

Street Address _____

City, State, Zip _____

Home Phone Number _____

Work Phone Number _____

Cell Phone Number _____

The following persons have my permission to pick up my child:

NAME	HOME PHONE	WORK PHONE	CELL PHONE
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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_____	_____	_____	_____
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Please list any diet, medication, allergies or activity precautions that the staff should be aware of:

Signature of parent or parents _____

Date _____

Enrollment is not guaranteed until application form is completed, and the \$250 non-refundable registration fee is paid. Please return as soon as possible.