

FIRST BAPTIST CHURCH PRESCHOOL

MMO _____ Date _____

2 days (Tues-Thurs) ___ 2 days (Mon-Wed)

Early Room for additional monthly fee? ___ Available according to program offered.

Child's Name _____ Called _____ Birthday _____ Male Female
(First) (Last) (Circle one)

Home Address _____ Home Phone _____
(Street) (City/State)

Father's Name _____ Place of Employment _____
(First) (Last)

Business Phone _____ Cell Phone _____

Mother's Name _____ Place of Employment _____
(First) (Last)

Business Phone _____ Cell Phone _____

Marital Status: Married ___ Separated ___ Divorced ___ Widowed ___

Legal Guardian: Mother ___ Father ___ Stepparent ___ Other ___

Other Children: Please list names and ages:

Church Affiliation: _____ Doctor: _____

The following people may pick up my child:

1. _____ 2. _____ 3. _____

My child, _____ has permission to go on all field trips provided I am notified in advance.

Signed _____
(Parent's Signature)

In the event of a critical emergency that requires mandatory medical attention, I
_____, give permission for _____ to be taken to

(Parent's Signature) (Child's name)

Gordon Hospital. Parent will be notified immediately.

In the event that parents cannot be reached, please contact:

All applications MUST have three emergency names and numbers.

	NAME	TELEPHONE NUMBER
1.	_____	_____
2.	_____	_____
3.	_____	_____

Please state any allergies, comments or other significant information:

Parent's Signature _____

Registration Fee _____ Registration fee is not refundable.

* Class days may have to be changed if minimum enrollment is not attained.

** Children must be 18 months, 2, 3, or 4 by September 1 to qualify for their class.

FIRST BAPTIST CHURCH PRESCHOOL

Toddler _____ Date _____
2 days (Tues-Thurs) ___ 2 days (Mon-Wed) ___
Early Room for additional monthly fee? ___ Available according to program offered.

Child's Name _____ Called _____ Birthday _____ Male Female
(First) (Last) (Circle one)

Home Address _____ Home Phone _____
(Street) (City/State)

Father's Name _____ Place of Employment _____
(First) (Last)

Business Phone _____ Cell Phone _____
Mother's Name _____ Place of Employment _____
(First) (Last)

Business Phone _____ Cell Phone _____

Marital Status: Married ___ Separated ___ Divorced ___ Widowed ___

Legal Guardian: Mother ___ Father ___ Stepparent ___ Other ___

Other Children: Please list names and ages:

Church Affiliation: _____ Doctor: _____

The following people may pick up my child:

1. _____ 2. _____ 3. _____

My child, _____ has permission to go on all field trips provided I am notified in advance.

Signed _____

(Parent's Signature)

In the event of a critical emergency that requires mandatory medical attention, I _____, give permission for _____ to be taken to

(Parent's Signature) (Child's name)

Gordon Hospital. Parent will be notified immediately.

In the event that parents cannot be reached, please contact:

All applications MUST have three emergency names and numbers.

	NAME	TELEPHONE NUMBER
1.	_____	_____
2.	_____	_____
3.	_____	_____

Please state any allergies, comments or other significant information:

Parent's Signature _____

Registration Fee _____ Registration fee is not refundable.

* Class days may have to be changed if minimum enrollment is not attained.

** Children must be 18 months, 2, 3, or 4 by September 1 to qualify for their class.

FIRST BAPTIST CHURCH PRESCHOOL

Two YEAR OLDS

Date _____

2 days (Tues-Thurs) ___ 3 days (Mon-Wed-Fri) ___ 5 days (Mon - Fri) ___

Early Room for additional monthly fee? ___ Available according to program offered.

Child's Name _____ Called _____ Birthday _____ Male Female
(First) (Last) (Circle one)

Home Address _____ Home Phone _____
(Street) (City/State)

Father's Name _____ Place of Employment _____
(First) (Last)

Business Phone _____ Cell Phone _____
Mother's Name _____ Place of Employment _____
(First) (Last)

Business Phone _____ Cell Phone _____

Marital Status: Married ___ Separated ___ Divorced ___ Widowed ___

Legal Guardian: Mother ___ Father ___ Stepparent ___ Other ___

Other Children: Please list names and ages:

Church Affiliation: _____ Doctor: _____

The following people may pick up my child:

1. _____ 2. _____ 3. _____

My child, _____ has permission to go on all field trips provided I am notified in advance.

Signed _____
(Parent's Signature)

In the event of a critical emergency that requires mandatory medical attention, I _____, give permission for _____ to be taken to

(Parent's Signature) (Child's name)

Gordon Hospital. Parent will be notified immediately.

In the event that parents cannot be reached, please contact:

All applications **MUST** have three emergency names and numbers.

	NAME	TELEPHONE NUMBER
1.	_____	_____
2.	_____	_____
3.	_____	_____

Please state any allergies, comments or other significant information:

Parent's Signature _____

Registration Fee _____ Registration fee is not refundable.

* Class days may have to be changed if minimum enrollment is not attained.

** Children must be 18 months, 2, 3, or 4 by September 1 to qualify for their class.

FIRST BAPTIST CHURCH PRESCHOOL

THREE YEAR OLDS

Date _____

2 days (Tues-Thurs) _____ 3 days (Mon-Wed-Fri) _____ 5 days (Mon - Fri) _____

Early Room for additional monthly fee? _____ Available according to program offered.

Child's Name _____ Called _____ Birthday _____ Male Female
(First) (Last) (Circle one)

Home Address _____ Home Phone _____
(Street) (City/State)

Father's Name _____ Place of Employment _____
(First) (Last)

Business Phone _____ Cell Phone _____

Mother's Name _____ Place of Employment _____
(First) (Last)

Business Phone _____ Cell Phone _____

Marital Status: Married _____ Separated _____ Divorced _____ Widowed _____

Legal Guardian: Mother _____ Father _____ Stepparent _____ Other _____

Other Children: Please list names and ages:

Church Affiliation: _____ Doctor: _____

The following people may pick up my child:

1. _____ 2. _____ 3. _____

My child, _____ has permission to go on all field trips provided I am notified in advance.

Signed _____
(Parent's Signature)

In the event of a critical emergency that requires mandatory medical attention, I
_____, give permission for _____ to be taken to
(Parent's Signature) (Child's name)

Gordon Hospital. Parent will be notified immediately.

In the event that parents cannot be reached, please contact:

All applications **MUST** have three emergency names and numbers.

	NAME	TELEPHONE NUMBER
1.	_____	_____
2.	_____	_____
3.	_____	_____

Please state any allergies, comments or other significant information:

Parent's Signature _____

Registration Fee _____ Registration fee is not refundable.

* Class days may have to be changed if minimum enrollment is not attained.

** Children must be 18 months, 2, 3, or 4 by September 1 to qualify for their class.

FIRST BAPTIST CHURCH PRESCHOOL

FOUR YEAR OLDS

Date _____

5 days (Mon – Fri)

Early Room for additional monthly fee? _____ Available according to program offered.

Child's Name _____ Called _____ Birthday _____ Male Female
(First) (Last) (Circle one)

Home Address _____ Home Phone _____
(Street) (City/State)

Father's Name _____ Place of Employment _____
(First) (Last)

Business Phone _____ Cell Phone _____

Mother's Name _____ Place of Employment _____
(First) (Last)

Business Phone _____ Cell Phone _____

Marital Status: Married _____ Separated _____ Divorced _____ Widowed _____

Legal Guardian: Mother _____ Father _____ Stepparent _____ Other _____

Other Children: Please list names and ages:

Church Affiliation: _____ Doctor: _____

The following people may pick up my child:

1. _____ 2. _____ 3. _____

My child, _____ has permission to go on all field trips provided I am notified in advance.

Signed _____
(Parent's Signature)

In the event of a critical emergency that requires mandatory medical attention, I
_____, give permission for _____ to be taken to
(Parent's Signature) (Child's name)

Gordon Hospital. Parent will be notified immediately.

In the event that parents cannot be reached, please contact:

All applications **MUST** have three emergency names and numbers.

	NAME	TELEPHONE NUMBER
1.	_____	_____
2.	_____	_____
3.	_____	_____

Please state any allergies, comments or other significant information:

Parent's Signature _____

Registration Fee _____ Registration fee is not refundable.

* Class days may have to be changed if minimum enrollment is not attained.

** Children must be 18 months, 2, 3, or 4 by September 1 to qualify for their class.