



# FIRST BAPTIST CHURCH PRESCHOOL REGISTRATION FORM 2023-2024 SCHOOL YEAR

Please complete the following information on the front and back of this form.

Registering for: \_\_\_\_ 2 yr. class \_\_\_\_ 3 yr. class \_\_\_\_ 4 yr. class

\*\*\*\*\*Non-refundable Registration Fee - \$50.00 Date Paid \_\_\_\_\_

Child's Full Name \_\_\_\_\_

Name Used \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address (if different from above) \_\_\_\_\_ E-mail address \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Employer's address \_\_\_\_\_ CellPhone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

E-mail address \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Employer's address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Pupil lives with: Parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Grandparents \_\_\_\_

Names & Ages of Other Children in Family \_\_\_\_\_

Does child attend Sunday School? \_\_\_\_\_ Where? \_\_\_\_\_

Is family a member of a local church? \_\_\_\_\_ Where? \_\_\_\_\_

Any serious illnesses, accidents, allergies or emotional problems?

\_\_\_\_\_

WHERE TO CONTACT PARENTS DURING SESSION (8 - 11 AM)

Mother \_\_\_\_\_ Phone Number \_\_\_\_\_

Father \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact if you cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Name of Physician to be contacted in Case of Illness or Emergency:

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

I (we) the undersigned, authorize the First Baptist Church Staff, in the event of an emergency, to take our child to the nearest hospital to render emergency treatment if necessary.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

I (we) give permission for \_\_\_\_\_ to go on field trips during the school year. I (we) understand that I (we) will be notified when trips are to take place and where the children will be going.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

I (we) agree that First Baptist Church of Clinton may use photographs/videos or my child for such purposes as publicity, illustration, advertising and web content, such as the church website and Facebook.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\* Registration is not complete until registration fee is paid,