



# REGISTRATION FORM

(Please Print)

Today's date:			
STUDENT INFORMATION			
Child's last name:		First:	Middle:
		Nickname:	
Birth or due date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Birth Certificate Number:
Street address:		Apartment Number:	P.O. Box:
City:		State:	ZIP Code:
Child's physician:		Physician phone: ( )	
Does your child have any allergies or special medical conditions?			
Name and age of other children in the home:			
I prefer my child to attend:			
<input type="checkbox"/> Preschool Only (9:30-1pm) <input type="checkbox"/> Full Day Preschool 10 month schedule (6am-6pm) <input type="checkbox"/> Full Time- 12 month schedule			
<input type="checkbox"/> Monday - Friday <input type="checkbox"/> Monday, Wednesday and Friday <input type="checkbox"/> Tuesday and Thursday			

PARENT INFORMATION			
Parent 1 last name:		First:	Middle:
		Address (if different):	
Home Phone: ( )	Cell Phone: ( )	Email:	
Occupation:	Employer:	Work phone: ( )	
Parent 2 last name:		First:	Middle:
		Address (if different):	
Home Phone: ( )	Cell Phone: ( )	Email:	
Occupation:	Employer:	Work phone: ( )	
Church Affiliation:		Current Member?	

IN CASE OF EMERGENCY			
Name of local friend or relative (not living at same address):	Relationship to student:	Primary phone: ( )	Secondary phone: ( )
Name of local friend or relative (not living at same address):	Relationship to student:	Primary phone: ( )	Secondary phone: ( )

(continued on back)

Name of local friend or relative (not living at same address):	Relationship to student:	Primary phone: (    )	Secondary phone: (    )
Persons authorized to pick up your child:			
<input type="checkbox"/> The above information is true to the best of my knowledge. I agree for my child to participate in the preschool program at Talbot Baptist Church. I understand that I am responsible for payments of tuition and art fees and that there are no refunds. <input type="checkbox"/> I give my child permission to participate in class walks on the church grounds and nearby neighborhoods. <input type="checkbox"/> I grant permission for my child to be taken to the nearest hospital if emergency medical attention is required and I will be responsible for any expenses incurred. <input type="checkbox"/> I understand that tuition is due by the 15 <sup>th</sup> of every month. <input type="checkbox"/> I have read and agree to abide by the polices contained in the preschool handbook.			
_____		_____	
<i>Patient/Guardian signature</i>		<i>Date</i>	

**For Office Use Only**

Class Placement: \_\_\_\_\_

Start Date: \_\_\_\_\_

First months balance: \_\_\_\_\_