

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

(Preschool use only) Teacher \_\_\_\_\_



# First Baptist Preschool Weekday Education Enrollment Application 2008-2009

246 Washington Street  
Jefferson, GA. 30549  
(706)367-5226  
[www.fbcjefferson.org](http://www.fbcjefferson.org)

Miss Kendra Abee, Weekday Preschool Director/  
Director of Early Childhood Ministries  
Dr. Cary Hilliard, Pastor



**Release of Child**

I authorize that my child, \_\_\_\_\_, be released by First Baptist Preschool Weekday Education Program to the following persons (other than parents) below.

\_\_\_\_\_  
Parent Signature

**Release Authorizations** - (other than parents/guardians, who is authorized to transport your child)

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Emergency Authorization**

In case of an emergency, whom should we contact if we cannot reach Parent/guardians?

Name \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**Emergency Medical Contact:**

Doctor \_\_\_\_\_ Address \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Hospital \_\_\_\_\_

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

**Medical Information:**

Does your child have any allergies to foods and/or medications? Yes\_\_\_ No\_\_\_

List:

\_\_\_\_\_

Are there any medical/mental/emotional problems or any special procedures required for the care of your child?  
If so, please explain

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**Information about your child:**

Names and Ages of siblings

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Child's Favorite activities \_\_\_\_\_

Pets: \_\_\_\_\_

Is Child Left- or Right- Handed? Left                      Right                      Unknown

**Church Affiliation:**

Religious Affiliation \_\_\_\_\_ Church Membership at \_\_\_\_\_

How did you find out about our program?

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(Please initial)

\_\_\_\_\_ I acknowledge that my child must have a current immunization record on file and cannot be admitted without this form.

\_\_\_\_\_ Tuition is due on the 10<sup>th</sup> of each month. A late fee of \$5.00 will be added after the 10<sup>th</sup>.  
A \$20.00 fee will be charged for all returned checks.

**Office use only**

Registration Fee Paid \_\_\_\_\_ Ck# \_\_\_\_\_ Enrollment Date \_\_\_\_\_ # \_\_\_\_\_

Withdrawal Date \_\_\_\_\_ Immunization Form \_\_\_\_\_ Parent's Dr. Lics. M \_\_\_ D \_\_\_