



Pre-School Registration Form

2019-20

Child's Full Name: _____
First Middle Last

Goes By Name: _____ Date of Birth: ____/____/____ Male Female

Parent/Guardian Name (1): _____
First Last

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Primary Email Address: _____

Place of Employment: _____ Work Phone: (____) _____ - _____
(Only need in case of emergency.)

Parent/Guardian Name (2): _____
First Last

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Primary Email Address: _____

Place of Employment: _____ Work Phone: (____) _____ - _____
(Only need in case of emergency.)

Name(s) and age(s) of other child(ren) in household:

Name (First & Last)	Age

Church Home (if any): _____
Church Name *City-State*

Prior Pre-School Experience (if any): _____

Known Allergies: _____

Emergency Contacts (other than parents):

(NOTE: All emergency contacts are authorized to pick-up child.)

Name:	Street:
Phone: () --	City/State/Zip:
Name:	Street:
Phone: () --	City/State/Zip:

Other Individuals Authorized to Pick-Up My Child:

Name:	Street:
Phone: () --	City/State/Zip:
Name:	Street:
Phone: () --	City/State/Zip:

Regular Medical and Dental Care Information:

Medical Facility Name:	Name of Doctor:
Phone: () --	Address:
Dental Facility Name:	Name of Dentist:
Phone: () --	Address:

Emergency Medical Care Information:

Facility Name:	Name of Doctor:
Phone: () --	Address:

Please Read and Sign:

The completion of this registration application and the signature of a parent/guardian constitutes an agreement that all tuition and/or fees pertaining to this student's enrollment at the Little River Baptist Church Pre-School will be paid in full by the signer.

Signature of Parent/Guardian

_____/_____/_____
Date Signed