

Immunization Expires: _____

Reg. Payment: _____

Summer Info Sent: _____

FBC WEEKDAY PRESCHOOL PROGRAM

REGISTRATION FORM

_____ 4K

_____ MDO

Child's Full Name: _____ Child is called: _____

Child's Birthdate: _____ Home Phone: _____ Cell Phone: _____

Address: _____

Mother/Guardian: _____ Father/Guardian: _____

Mother's Employer: _____ Employer's Phone: _____

Father's Employer: _____ Employer's Phone: _____

How should we reach you in case of an emergency? _____

Who is authorized to be contacted and/or pick up your child if parents cannot be reached in an emergency?

Name	Relation to Child	Address	Phone

Local Physician: _____ Phone: _____

Describe any special needs, instructions or allergies (including food allergies): _____

Do parents regularly attend church? _____ YES _____ NO If so, where? _____

Notice of exemption: First Baptist Church Mom's Day Out, operating four hours per day or less, is not subject to be licensed or monitored by the State of Alabama.

Emergency Authorization: I give permission for MDO workers to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred.

Signature of Parent/Guardian:

Date _____