

Eastridge Baptist Preschool Enrollment Form

Director: Rhonda Landrum

Enrollment Date _____ Withdrawal Date _____ Enrollment Fee ___ Cash ___ Check

Child's Name _____ DOB _____ Age _____

Please check the enrollment that applies: ___ 1's ___ 2's ___ 3's ___ 4's

Parent email: _____

Child's Address: _____ City _____ State ___ Zip _____

Mother's Name _____ Phone _____

Mother's address (if different from child)

_____ Work # _____

Father's Name _____ Phone _____

Father's Address (if different from child)

_____ Work# _____

Please list any other children in the home: (name, age, school they attend)

In the event of an emergency, please list one other person to call if neither parent can be reached

Name and Relationship to child, telephone#, address:

Please list any special problems your child may have such as allergies, existing illness, previous serious illness, injuries, or surgeries over the past 12 months, of any other information you think our staff should be aware of

Authorization for Emergency Medical Attention: If I cannot be reached to decide for emergency medical attention, I authorize the Eastridge Preschool director or person in charge to call and/or take my child to:

Name of Physician and Hospital with Address and Telephone

Child Release Information:

Please list all the people who are permitted to pick up or drop off your child at Eastridge Baptist Preschool. If someone other than the person listed on this form is to pick up your child, please send a written note with your child. If an emergency does not allow for a written notice, please call the office. We must be able to verify your identity and the identity of the person coming to pick up your child. If any of the people listed below come to pick up your child, they will be required to produce a driver's license of valid ID at the time they come to pick up your child.

Parent Signature

Date

Admission Requirements:

1. Copy of Parent Driver's License
2. Copy of Child's Shot Records
3. Parent's Statement: My child has been examined within the past year by a health care professional and is able to participate in the preschool program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the director.

Parent Signature

Date

4. Medical treatment and diagnosis conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed affidavit stating this.

Are you a church member? _____ Do you have a church home? _____

Would you like more information about Eastridge Baptist Church _____ Y _____ N

How did you hear about us?

In order to meet legal requirements, I hereby authorize any representative of Eastridge Baptist Preschool to give consent for any and all necessary emergency medical care for my child while said child is in care. I do hereby release Eastridge Baptist Church from any and all claims that might occur while my child is attending Eastridge Baptist Preschool.

Parent Signature

Date