

First Baptist Church Killen Day School

2012-2013 Registration Form

Child's full name _____

Name your child prefers to be called _____

Date of birth _____ Age of your child on Sept 1, 2011 _____

Is your child a male or female? _____

Home address of child

Street _____

City _____ State _____ Zip Code _____

Home phone number of child _____

Name of mother _____

Home address of mother

Street _____

City _____ State _____ Zip Code _____

Home phone number of mother _____

Cell phone number of mother _____

Mother's occupation _____

Work phone number _____

Name of father _____

Home address of father

Street _____

City _____ State _____ Zip Code _____

Home phone number of father _____

Cell phone number of father _____

Father's occupation _____

Work phone number _____

To be fill out by the Day School 2011-2012

Child's Name _____

Teacher _____

Child's Name _____

Teacher _____

Names of Siblings

Sister(s) _____ Age _____

_____ Age _____

Brother(s) _____ Age _____

_____ Age _____

Names, ages, and relationship to your child, of any other persons living in your home _____

Names and phone numbers of grandparents

Marital status of parents _____

If divorced or separated, please describe custody and visitation agreement concerning your child _____

Other information

Is your child potty trained? _____yes _____no

Do you foresee this happening before school begins? ___yes ___no

Children entering the 3 year old class must be potty trained

Are you an active member of a church? _____

If yes, what is the name of the church _____

Child's Name _____

Teacher _____

Child's Medical Information Form

Child's Physician _____

Physician's phone number _____

Please list all allergies your child may have to food, medication, environment, etc.

Is there any medical problem relating to your child that we should be aware of?

_____ No _____ Yes

If yes, please explain? _____

Is your child on any medication? If so, what is that name of the medication and describe what it is for _____

Names of person to contact in case of an emergency

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

Name _____ Phone _____

Relationship _____

In the event of an illness or injury which requires immediate medical treatment and the parent cannot be reached, I give permission for my child's teacher or other Day School personnel of First Baptist Church Killen Day School to authorize such treatment.

I will not hold the school, personnel of the school or medical personnel responsible. This is done with the understanding that every attempt will have been made to contact the parents and other persons listed on this form.

Signed _____ Date _____

Child's Name _____
Teacher _____

Child's pick up information

List the names of those people authorized to pick up your child from the Day School.

Names

Phone numbers

In the event of an emergency, that someone would need to pick up your child that is not listed above, give us a name and phone number of someone to call to verify pick up arrangements.

Name _____ Phone _____

Child's Name _____
Teacher _____

Photo Permission Form

First Baptist Church Killen Day School is seeking your permission to use your child's picture at school on bulletin boards, decorations, picture frame crafts, end of the year presentations etc.

Please circle the appropriate permission

I **(do, do not)** give my permission to First Baptist Church Killen Day School to photograph my child.

Name of Child _____

Parent Signature _____

Date _____

Child's Name _____

Teacher _____

Directory Information Sheet

This information will be photo copied and placed in a directory for each child to take home. It may be used by parents to help organize parties for the Day School or for personal use like inviting children to birthday parties. If you do not want to be included in the Day School directory do not fill out this information.

Name of Child _____

Name of Parents _____

Phone Number of
Parents _____
_____Address of
Parents _____

