



FIRST BAPTIST CHURCH KINDERGARTEN
 P.O. BOX 609 Crystal Springs, MS 39059
 601-892-3040

Registration

DIRECTOR USE ONLY: Enrollment date: ___ / ___ / ___ Start Date: ___ / ___ / ___ Withdrawal: ___ / ___ / ___			
___ 11:30 Program	___ 2:30 Program	___ Drop-In	___ Early Morning
___ Book Fee Paid	___ Registration Paid	___ Class	

Student's Name _____ **Goes by:** _____

DOB _____ **Address** _____

City _____ **State** _____ **Zip** _____

Mother

Father

Name _____

Name _____

Address _____
(If different)

Address _____
(If different)

Email Address _____

Email Address _____

Home/Cell phone _____

Home/Cell phone _____

Place of Employment: _____

Place of Employment: _____

Work Address: _____

Work Address _____

Work phone _____

Work phone _____

Please list any **SPECIAL NEEDS** that your child may have: _____

Please list any **ALLERGIES** that your child may have: _____

Read and INITIAL the appropriate answer to the following items:

- | | |
|--|----------------|
| I have been informed that this Daycare Center does NOT provide liability insurance for my child: | ___ Yes ___ No |
| I have been given a copy of and have read the MSDH Regulation Summary for Parents: | ___ Yes ___ No |
| I have been given and have read and understand the facility's Parent Handbook: | ___ Yes ___ No |
| Complete 121 Immunization Compliance Form is on file in the facility before the child attends: | ___ Yes ___ No |
| A Birth Certificate (Long Form) is on file in the facility before the child attends: | ___ Yes ___ No |
| A copy of the child's Social Security Card is on file in the facility: | ___ Yes ___ No |



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EMERGENCY CONTACTS

Please list at least two (2) relatives or friends who may be contacted in the event of an emergency. We will contact these individuals when the parent or Guardian cannot be reached.

Name Relationship Home/Cell phone

Address Work Telephone

Name Relationship Home/Cell phone

Address Work Telephone

Name Relationship Home/Cell phone

Address Work Telephone

PICK-UP INFORMATION

The following people have my permission to pick up my child from First Baptist Church Kindergarten:

1. Name: Home/Cell phone

2. Name: Home/Cell phone

3. Name: Home/Cell phone

4. Name: Home/Cell phone

5. Name: Home/Cell phone

6. Name: Home/Cell phone

Complete each of the following sections by INITIALING either yes or no:

My child may be photographed at the child care center: Yes No

My child's picture may be used in media, i.e., Facebook, newspaper, etc... Yes No

My child may take approved field trips sponsored by the center: Yes No

Note: When children are transported in the church van, bus, or private automobiles or when they cross the street a separate field trip permission slip will be sent home for parents to sign. A child must have this permission slip signed prior to being permitted to go on a field trip.

The center may obtain emergency medical treatment for my child if needed: Yes No

*Special instructions concerning your child if medical treatment is prohibited due to religious reasons.

Blank lines for special instructions.



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My child is toilet trained ___Yes ___No. If no, a consultation between the parent & caregiver is required to be documented prior to toilet training & kept on file. Date of consultation ___/___/___.

I understand that if my child is in 3k or older he/she should be potty-trained and able to take him/herself to the bathroom.

Please indicate below which option you are choosing for your child's attendance for the school year.

I want to enroll my child in the 11:30 program only. _____

I want to enroll my child in the 2:30 program only. _____

I want to enroll my child in the 11:30 program with the option to drop-in. _____

In completing this application for my child, it is my desire to have him/her complete the school year at First Baptist Church Kindergarten. It is my understanding that I am responsible for monthly tuition payments until the end of the school year or until my child is officially withdrawn from the kindergarten. I understand that it will be necessary to keep all accounts current and up to date. I also understand that it is the policy of First Baptist Church Kindergarten to make no refunds on registration and workbook fees.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

Director Signature: _____ Date: _____

Record to be updated & signed by parent if NO changes (once a year):

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____