



_____ Date

First Baptist Church Landrum Weekday Preschool 2021-2022 Registration Form

Registration Fee (\$150.00 New Students/ \$120.00 Returning Students)
***Must Accompany Your Registration Form and is Non-Refundable**

Circle One Age Group or Class: 1's 2s 3s 4s ***Birthday Must Be On Or Before September 1st For Next Class**

Circle Which Option: 5 day option 3 day option 2 day option *4 day option, special circumstance

4K ONLY : Needs transportation to OPE for afternoon 4K _____ Yes _____ No (cost TBD)

Child's Full Name _____

Name Used _____ Sex _____ Birth date: Month _____ Day _____ Yr _____

*Please attach a copy of child's birth certificate

Home Address _____ City _____ Zip Code _____

Home Phone _____ E-mail _____

Mother's Name _____ Cell Phone _____

Employer's Name _____

Address _____ Work Phone _____

Father's Name _____ Cell Phone _____

Employer's Name _____

Address _____ Work Phone _____

Please List Names and Birthdates of Siblings:

Full Name _____ Birth date _____

Full Name _____ Birth date _____

Full Name _____ Birth date _____

Please list two people nearby we can call in case of an emergency if the parents cannot be reached:

Name _____ Phone _____

Name _____ Phone _____

Pediatrician _____ Phone _____

General Health _____

Potty-Trained? Yes _____ No _____ ***MUST be potty-trained for 3 year old class***

List any diseases your child has had _____

ALLERGIES: If your child has an allergy, please list allergy, reaction AND protocol for treatment:

Is there any reason that you know of that would prohibit your child's full participation in all areas of the preschool program? _____

Is your child cared for by any other adults besides the immediate parents?

Yes No If yes, (names of nanny, sitter, etc.) _____

Are you members of First Baptist Church Landrum? Yes No

Religious Affiliation _____

Please list any hobbies, interests, or vocational activities of parents that might be shared with your child's class: _____

Is there anyone who is **not** allowed to pick up your child from school? If so please explain _____

Emergency Release Form

In the event of an emergency where both parents or guardian cannot be reached, we give First Baptist Church Landrum Preschool Program our authorization to seek prompt medical attention for our child. Authorization is also given to any medical care facility, doctor, hospital, nurse, or any other organization administering medical care or health care services.

Child's Name _____ Parent's Signature _____

Date _____

Field Trip Permission

This form must remain on file for every child in the program. No child will be allowed to leave the weekday early education program without written permission.

I give my permission for my child to go on any field trip that is to be taken this year. Yes No

I would be able to help by accompanying my child's group as a helper when asked. Yes No

Child's Name _____

Parent Signature _____ Date _____

Photo Release Permission

Periodically we take photos in the Weekday Preschool Area, and on our outings. We would love to use these on a bulletin board, the church website, newspaper, and/or social media. If you would allow us to use these photos, it would be greatly appreciated, however we will honor your choice.

I give my permission for photos of my child to be used at the discretion of the FBCL Weekday Preschool. This includes photo use on social media.

I DO NOT want any photos of my child used in any capacity in the FBCL Weekday Preschool.

Child's Name _____

Parent Signature _____ Date _____