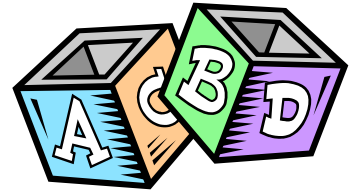




**ROCKDALE BAPTIST CHURCH
WEEKDAY EARLY EDUCATION PRESCHOOL**



**REGISTRATION FORM
2010-2011 School Year**

Date of Registration _____ Class _____ Days _____ Age as of Sept 1 _____

Child's Name _____ Goes by _____

Address _____

Child's Date of Birth _____ Sex of Child _____ Has your child attended preschool before? Y or N

Child's Physician _____ Physician's Phone _____

Allergies / Health or other special issues: _____

Parents' Relationship to Each Other: _____ Married _____ Divorced _____ Separated _____ Single

Father's Name _____ **Email Address** _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation _____ Employer _____

Mother's Name _____ **Email Address** _____

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation _____ Employer _____

Where do you attend church? _____

How did you find out about our program? _____

List at least one person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Name _____ Relationship to child _____

Address _____ City _____ State _____ Zip _____

Occupation _____ Employer _____

Home Phone _____ Work Phone _____ Cell Phone _____

For Office Use Only

Date of Enrollment _____ Class Assignment _____

Registration Fee Paid: _____ August Tuition \$ _____

Cash / Check #: _____ Cash / Check # _____

Date: _____ Date _____

Release of Child

I authorize that my child, _____, be released by Rockdale Baptist Church Weekday Early Education Preschool Program to the following persons, in addition to those already listed on this form.

Name _____ Relationship to Child _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to Child _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

EMERGENCY MEDICAL CARE

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Rockdale Baptist Church Weekday Early Education Preschool Program staff to take my child to an emergency room, or to the following physician or his / her associates, for medical care.

Dr. _____ Hospital _____

Address _____ City _____ State _____ Zip _____

Phone _____ Special Instructions _____

**I give consent for any and all treatment deemed necessary by the attending physician.
(Attach a copy of your insurance card.)**

Signature of Parent/Guardian