

Meadow Brook Baptist Church

CLASS ASSIGNMENT
REGISTRATION FORM

Mother's Day Out/Preschool

Date of birth _____

(check# _____)

Today's Date _____

Sex _____

Age as of /Sept.1, 2014 _____

Child's Name _____

(Last)

(First)

(Middle)

Address _____

City _____

Zip _____

Home Phone _____

Which Parent has legal custody _____

Mom cell# _____

Dad cell# _____

Father's Name _____

Employer _____

Bus. Phone _____

Mother's Name _____

Employer _____

Bus. Phone _____

Number of brothers _____

Number of sisters _____

Church Affiliation _____

IN CASE OF EMERGENCY

Name of the nearest relative or neighbor to contact if parents cannot be reached:

Name _____

Phone _____

Relation to child _____

Name _____

Phone _____

Relation to child _____

Name _____

Phone _____

Relation to child _____

Email address _____