

CLASS ASSIGNMENT- how many days attending per week \_\_\_\_\_

**Meadow Brook Baptist Church**

**REGISTRATION FORM**

**Mother's Day Out/Preschool**

Date of birth \_\_\_\_\_ (check# \_\_\_\_\_) Today's Date \_\_\_\_\_

Sex \_\_\_\_\_ Reg. Fee \_\_\_\_\_ Supply Fee \_\_\_\_\_ Age as of Sept.1, 2020 \_\_\_\_\_

Child's Name \_\_\_\_\_

Address \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
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 \_\_\_\_\_