

CLASS ASSIGNMENT \_\_\_\_\_ DAYS ATTENDING \_\_\_\_\_ Today's Date \_\_\_\_\_

**Meadow Brook Baptist Preschool                      REGISTRATION FORM                      Mother's Day Out/Preschool**

Date of birth \_\_\_\_\_ Age as of Sept. 1, 2023 \_\_\_\_\_ Reg. Fee OL \_\_\_ Ck# \_\_\_\_\_ Supp.Date: \_\_\_\_\_ OL \_\_\_ Ck# \_\_\_\_\_ Amt \_\_\_\_\_  
Date: \_\_\_\_\_ Amt \_\_\_\_\_ Date: \_\_\_\_\_ OL \_\_\_ Ck# \_\_\_\_\_ Amt \_\_\_\_\_

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 Siblings: Brothers \_\_\_\_\_ Sisters \_\_\_\_\_ Church Affiliation \_\_\_\_\_

**IN CASE OF EMERGENCY**

Name of 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: \_\_\_\_\_

## MEDICAL INFORMATION FORM

### MEDICAL INFORMATION

CHILD'S NAME \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

Health comments (allergies, reactions, etc.): \_\_\_\_\_  
\_\_\_\_\_

Is your child on any regular medication for behavioral or emotional control? \_\_\_\_\_

If so, what? \_\_\_\_\_

Please list any other information that we should know about your child in regard to the above medications. \_\_\_\_\_  
\_\_\_\_\_

### MEDICAL RELEASE

Should my child \_\_\_\_\_ become ill or suffer an accident of any character while he/she is in the care of Meadow Brook Baptist Church Preschool Program, the Director shall undertake to contact me immediately. In the event the Director is unable to reach me immediately, the Director and/or the designated employee shall be authorized to secure and consent to such medical treatment, attention, or services for my child as may be deemed necessary. Any qualified person providing such required medical attention, treatment, or services may accept such consent as if given by me in person. I agree to assume responsibility for payment of all medical cost incurred.

Date \_\_\_\_\_ Parent (or Guardian) \_\_\_\_\_  
Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

## T- SHIRT ORDER FORM

Name \_\_\_\_\_

Size 2T \_\_\_\_\_ 3T \_\_\_\_\_ 4T \_\_\_\_\_ S ( 6-8) \_\_\_\_\_ M (10 - 12) \_\_\_\_\_ L (14 - 16) \_\_\_\_\_

Cost: Included in supply fee for Toddlers, 2's, 3's, 4's and 5's.

Lori Holmes  
Director