

Early Childhood Enrichment

3 months - 3 years

- _____ Monday
- _____ Tuesday
- _____ Wednesday
- _____ Thursday

3s Preschool

(3 years old by Sept 1)

- _____ M/T/W
- _____ M/T/W/Th

Summer

3 months - 5th grade

- _____ Monday
- _____ Tuesday
- _____ Wednesday
- _____ Thursday

STUDENT INFORMATION

Full Name _____

Date of Birth _____ Name by child goes by _____

Sex Male Female

Home Address _____

City _____ Zip Code _____

Siblings _____ Age _____ Sex _____

PARENT INFORMATION

Mother's Name _____ Father's Name _____

Cell Number _____ Cell Phone _____

Email _____ Email _____

Occupation _____ Occupation _____

EMERGENCY CONTACT

In case of emergency, notify those below if unable to contact parents/guardian

Name _____ Name _____

Phone Number _____ Phone Number _____

Relationship to the child _____ Relationship to the child _____

PICKUP AUTHORIZATION

The following people may pick up my child, in addition to the parents and emergency contacts listed above

Name _____ Name _____

Phone Number _____ Phone Number _____

Relationship to the child _____ Relationship to the child _____

OFFICE USE ONLY

Enrollment date _____ Check number _____ Summer _____

Enrollment time _____ Cash _____ School year _____

MEDICAL INFORMATION

Allergies Yes No If yes, explain _____

Dietary restrictions Yes No If yes, explain _____

Do you have any other medical issues we should know about your child? Yes No
If yes, explain

In the event that I cannot be reached to make arrangements for emergency medical care at the time of an illness/accident, I hereby authorize a BFCNaz Child Development Center representative to take my child to the listed physician or any physician, surgeon, or dentist on staff at Jane Phillips Medical Center to administer treatment. I further agree to pay the hospital, doctors, and ambulance service for all services rendered to my child.

Family Physician _____ Phone # _____

Optional: Insurance Company _____ Policy # _____

PHOTO RELEASE

I understand that by enrolling my child in BFCNaz CDC, their photo will be taken and may be used in craft projects, program slide shows, or display in the building. However, I have a choice whether my child's photo can be posted on the internet.

_____ I give my permission for my child to be photographed and posted on the website, Facebook, and newsletter

_____ I **DO NOT** give my permission for my child to be photographed and posted on the website, Facebook, and newsletter

Parent Signature _____

Date ____ / ____ / ____

ALL ABOUT ME

My family consists of _____

Briefly describe how your child sleeps (on back or belly, sucking thumb, pacifier, etc.)

Please describe your child's temperament (shy, nervous, outgoing, etc.)

Have you detected or suspect any difficulties in

Hearing Sight Speech Coordination

Do you have a church home? No Yes Church name _____

You may want to know this about my child

