First Baptist Church
Learning Center
Registration Forms
(A Ministry of First Baptist Church, Ardmore)

Child's name _____ Birthday _____ Gender _____

Address (include city, state, zip code) _____

Parent Email _____
(used for communication only)

Mother's name_____ DL# _____

Employer _____ Work Phone # _____

Cell Phone # _____ Legal Guardian Yes No

Father's name _____ DL# _____

Employer _____ Work Phone # _____

Cell Phone # _____ Legal Guardian Yes No

Do you or your family attend FBC Ardmore? _____ If no, where do you attend? _____

Give the name and phone number of a local person to contact in case of an emergency if parents/guardian cannot be reached:

Name _____ Cell Phone # _____

How did you hear about us?

___ Church
___ Website
___ Friend
___ Newspaper Ad
___ Other _____

I hereby authorize that my child may leave school only with the following persons:

Name _____
Phone # _____ DL#_____

Name _____
Phone # _____ DL#_____

Name _____
Phone # _____ DL#_____

Please read and initial the following statements and then sign below:

____ BIRTH CERTIFICATE: I will attach a copy of my child's birth certificate with this enrollment packet.
(If on file, do not submit a new copy)

____ SHOT RECORD: I will attach a copy of my child's shot record with this enrollment packet.
(If on file, do not submit a new copy unless it has been recently updated)

____ WATER ACTIVITIES: I hereby ___ give or ___ do not give my consent for my child to participate in water activities: (check all that apply)
____ sprinkler play ____ water table play ____ splashing/wading pools

____ WELCOME PACKET OF POLICIES AND PROCEDURES: I have received a copy of the FBC Learning Center Parent Welcome Packet. I have read and fully understand the information contained in the packet.

____ ILLNESS POLICY: Any child showing symptoms of illness will be isolated in Church office and his/her parents will be contacted. Your child cannot return to school unless he/she has been free of fever, vomiting, and/or diarrhea for at least 24 hours. If your child has a green runny nose, please contact your physician. Because this is not always related to allergies, your child will not be permitted to attend FBC Learning Center until his/her nose is running clear. Many infections are spread because of yucky noses. We want to make sure we keep all of the children at FBC Learning Center healthy.

____ SUPPLY FEE: I understand that the supply fee is due at the time of registration and this fee is NON-REFUNDABLE.

Please mark the following questions with a 'yes' or 'no'.

____ May we have permission to photograph your child?

____ May we have permission to use your child's photographs in church and program publications for promotional purposes?

Parent Signature _____ Date _____