

	Program Check one	
	K2	M- F
	K3	M- F
	K4	M- F
	Summer	M- F

APPLICATION FOR ADMISSION

FIRST BAPTIST CHILD DEVELOPMENT CENTER

NAME

NAME USED AT HOME

ADDRESS

CITY/STATE ZIP

DATE OF BIRTH PRESENT AGE SEX M F

REFERRED BY

FATHER'S NAME EMAIL

WORK # CELL # HOME #

FATHER'S BUSINESS NAME

MOTHER'S NAME EMAIL

WORK # CELL # HOME #

MOTHER'S BUSINESS NAME

LIST ALLERGIES (FOOD, MEDICATIONS, ETC)

PERSON AUTHORIZED TO ACT FOR PARENTS IN CASE OF EMERGENCY:

NAME

ADDRESS

HOME # CELL# WORK#

CHILD MAY BE RELEASED TO: (other than parents or person authorized to act in case of emergency)

NAME	RELATIONSHIP TO CHILD	1 <sup>ST</sup> CONTACT #	2 <sup>ND</sup> CONTACT #