

Clearwater Baptist Church
964 Co. Rd. 180
Athens TN 37303
423-744-7147

My School Enrollment Form

Child's Name _____

Preferred Name _____ Date of Birth _____

Home Address _____

Home Phone (____) _____ - _____

Mother's Name _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Father's Name _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Name of Church your family attends _____

For your child's safety, list the adults AUTHORIZED to pick up/drop off your child.

All about Your Child

What are some of the ways in which your child plays at home?

Does the child play with children from other families?

Does the child get their own way with other children? If not, how does the child react? _____

Can your child manage his/her own clothing at the toilet? _____

Does your child talk well _____ fairly well _____ not at all _____

At what age did your child walk? _____

Would you describe your child as active or quiet? _____

Give any other information you think we should know:

Other children in the Family:

Name

Birth Date

School

Emergency Information

If parents cannot be reached in an emergency, call:

Name _____ Phone _____

Name _____ Phone _____

Physician _____ Phone _____

Allergies or special problems _____

I do hereby authorize emergency medical care for my child

_____ Signature _____ Date

I understand that *My School* is not required to be licensed by the State of Tennessee as a child care facility, pursuant to TCA T1-3-503(a)(7).

_____ Signature *My School* _____ Date

Photography Permission

_____ Yes I give permission to *My School* to photograph my child. I understand that these pictures may be used for advertising and promotion including but not limited to face book.

_____ No I do not give permission to *My school* to photograph my child.

_____ Yes I give permission to *My school* to photograph but only for use in the classroom.

_____ Signature _____ Date

My School located at 964 County Road 180 Athens, TN recognizes that there is currently a COVID-19 pandemic around the world, and there are COVID-19 cases in this locale.

This child care center will do everything possible to prevent your child from contracting the COVID-19 virus while here. However, this child care center and Clearwater Baptist Church cannot be responsible if your child contracts COVID-19 while enrolled.

In consideration of your child being enrolled at My School, by your signature below, you assume all risks for your child contracting COVID-19 at the child care facility, and further you release, indemnify, defend, and forever discharge My School, its staff, employees, agents and representatives from any and all liability if you child contracts the COVID-19 virus while at this child care facility.

Child's Name _____

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____

Date _____

Tuition is due monthly by the 10th or bi-monthly by the 10th and 25th. Checks should be made payable to **Clearwater Baptist Church**. Please return this form along with the \$25 non-refundable registration fee.

Office use only
Registration fee _____ Date _____



My School