



For Office Use Only:

Date Received _____ Check or cash Amount _____

Date of Tour _____

Comments _____

NEW HOPE BAPTIST CHURCH
Parent's Day out Preschool Program
Registration Form

Child's full Name _____ **Admission Date** _____

Name child likes to be called _____

Date of Birth _____ Age _____

Gender _____

Check the days you are registering your child for:

Monday/Wednesday Program _____

Tuesday/Thursday Program _____

Parent Information

Mother's Name _____

Father's Name _____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Home Phone _____

Home Phone _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Religious Affiliation _____

Religious Affiliation _____

Transportation Plan

To insure the safety of your child, please list all other adults and phone numbers to whom your child may be released or to whom you give authorization to provide transportation for your child.

1. Name _____ Phone # _____ C e l l # _____
R e l a t i o n _____ t o _____ c h i l d _____
2. Name _____ Phone # _____ C e l l # _____
R e l a t i o n _____ t o _____ c h i l d _____
3. Name _____ Phone # _____ C e l l # _____
R e l a t i o n _____ t o _____ c h i l d _____

We will ask for photo ID at pick up.

Code Word _____

When phoning in a request for someone other than on the authorized list picking up a child the code word will be used.

Medical Information

Please list food allergies

Please list other allergies we should be aware of

Please list any medical conditions we need to be aware of

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Background Information

Previous preschool attended

Is your child potty trained

Sibling's name(s) and age(s)

Describe your child's temperament

Do you have any special classroom requests?

How did you hear about New Hope's Mother's Day out Program?

Parent's Signature

Date

Please print!

e-mail

“This facility is not required to be licensed by the state as a child care agency.”

Emergency Information

Persons other than parents who can be reached in case of an emergency.

1. Name _____ Home Phone _____
_____ Cell Phone _____ Work Phone _____

2. Name _____ Home Phone _____
_____ Cell Phone _____ Work Phone _____

3. Name _____ Home Phone _____
_____ Cell-Phone _____ Home Phone _____

Physician to be called in an emergency:

Physician's _____ Name

A d d r e s s _____

Phone _____

I, the undersigned, authorize New Hope Baptist Church Preschool to take what emergency medical measures are deemed necessary for the care and protection of my child enrolled in the Preschool Program.

Signature of Parents or Guardian

Date

Permission Form for Pictures

I give New Hope Baptist church PDO Program permission to use my child's pictures _____ (child's Name)

on marketing material only used specifically to promote New Hope Baptist Church Program. This would include Newsletter,
Brochure for PDO and NHBC Website.

Please sign here:

Parent's signature

Date