

Saluda Baptist Preschool Registration Form

Child's Name _____ Birth date _____ Sex _____

Parent's Relationship to Each Other __ Married __ Divorced __ Separated __ Single

Child lives with __ Mother and Father __ Mother __ Father __ Other

Father's Name _____ Driver's License _____
Home Address _____ Phone _____
City _____ State _____ Zip Code _____
Occupation _____ Employer _____
Work Phone _____ Pager _____
Mobile _____

Mother's Name _____ Driver's License _____
Home Address _____ Phone _____
City _____ State _____ Zip Code _____
Occupation _____ Employer _____
Work Phone _____ Pager _____
Mobile _____

Family religious preference _____ Church Membership _____

How did you find out about our program? _____

List at least one person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Name _____ Relationship to child _____
Address _____ Driver's License _____
City _____ State _____ Zip _____
Occupation _____ Employer _____
Work Phone _____ Home Phone _____ Mobile Phone _____

Release of Child

I authorize that my child, _____, be released by Saluda Baptist Preschool Program to the following persons, in addition to those already listed on this form.

Name _____ Relationship to child _____
Address _____ City _____ State _____ Zip _____
Work Phone _____ Home Phone _____ Mobile Phone _____

Name _____ Relationship to child _____
Address _____ City _____ State _____ Zip _____
Work Phone _____ Home Phone _____ Mobile Phone _____

Emergency Medical Care

In the event that I cannot be reached to make arrangements for medical attention, I authorize Saluda Baptist Preschool staff to take my child to an Emergency Room or to the following physician or his/her associates for medical care.

Dr. _____ Hospital _____
Phone _____
Address _____ City _____ State _____ Zip _____
Special Instructions _____

I give consent for any and all treatment deemed necessary by the attending physician. (Attach a photocopy of your insurance card.)

(Signature of Parent/Guardian)

Additional Information

List any food allergies _____

Can your child tell the teacher when he/she needs to use the bathroom?

Yes ____ No ____

Can your child handle all bathroom procedures independently? Yes ____ No ____

Any additional information you think would be helpful to teacher (ex. Shy, unusual habits, etc.) _____

Tell us about any special needs:

E-mail address: _____