

**Tabernacle Baptist Church
Parent's Day Out
Application for Admission**

Please indicate the class for which you are applying:

3's _____ 4's _____ 5's _____ **\$50 Non-Refundable Registration Fee per child is due at time of application

Child's Name: _____ Sex: M _____ F _____ Birthdate: _____
First and last name

Address: _____ Zip: _____

Home Phone: _____

Names/ages of siblings: _____

Mother's Name: _____ Employer: _____

Address [if different from above]: _____

Home Phone: _____ Mobile: _____ Work: _____

Email address: _____

Father's Name: _____ Employer: _____

Address [if different from above]: _____

Home Phone: _____ Mobile: _____ Work: _____

Email address: _____

EMERGENCY CARE INFORMATION

Preferred Physician: _____ Phone: _____

Address: _____

Preferred Hospital/Clinic _____ Phone: _____

Address: _____

Two (2) persons to be notified in case of an emergency if parents/guardians are not available:

Name: _____ Phone(s): _____

Name: _____ Phone(s): _____

MEDICAL INFORMATION

Allergies: _____

Speech Difficulties: _____

Hearing Loss or Difficulties: _____

Vision Difficulties: _____

Convulsions/Seizures: _____

Meningitis: _____

Operations: _____

Hospitalizations: _____

Any other serious illnesses or health concerns: _____

GENERAL INFORMATION

Church Enrollment or Religious Affiliation: _____

Previous Preschool Attendance: _____

How did you find out about our program? _____

AUTHORIZATION

The following people **MAY** pick up my child from Parent's Day Out:

The following people **MAY NOT** pick up my child from Parent's Day Out:

PARENT(S) SIGNATURE

NAME

DATE