

Boiling Springs First Baptist Church
Weekday Early Education

Enrollment Application

Date of Application _____

Student Name _____ Preferred Name _____
Last First Middle

Check Class Applying For Year 2008-2009

*Child must enroll in the class equal to the age he or she will be on or before September 1.
Children entering 3 Year Preschool and above must be completely potty trained and able to use the restroom unassisted.*

- | | |
|---|---|
| <input type="checkbox"/> 1 Year Preschool-2 Day (Tue, Thurs) | <input type="checkbox"/> 3 Year Preschool-3 Day (Mon, Wed, Fri) |
| <input type="checkbox"/> 1 Year Preschool-3 Day (Mon, Wed, Fri) | <input type="checkbox"/> 3 Year Preschool-5 Day (Mon-Fri) |
| <input type="checkbox"/> 2 Year Preschool-2 Day (Tue, Thurs) | <input type="checkbox"/> 4 Year Preschool-3 Day (Mon, Wed, Fri) |
| <input type="checkbox"/> 2 Year Preschool-3 Day (Mon, Wed, Fri) | <input type="checkbox"/> 4 Year Preschool-5 Day (Mon-Fri) |
| <input type="checkbox"/> 3 Year Preschool-2 Day (Tue, Thurs) | <input type="checkbox"/> 5 Year Kindergarten (Mon-Fri) |

Gender _____ DOB ____ / ____ / ____ Present Age _____ Social Security # _____

Street Address _____ City _____

State _____ Zip _____ Home Phone _____ Permission to Publish Number Yes No

Parent(s) Name _____

Has student previously attended BSFBC WEE? _____ If yes, when? _____

What do you wish your child to learn at BSFBC WEE? _____

How did you hear about our program? _____

Church Name _____ Denomination _____ Pastor _____

Member Yes No Attend Regularly Yes No

More Information about our church Yes No

I give Boiling Springs First Baptist Church permission for my child to appear in photographs, CD's, DVD's or videotapes while participating in the Boiling Springs First Baptist Church Weekday Early Education program for the purposes of publicity, staff training, and/or promotion.

Parent/Guardian Signature _____

Check Child's Shirt Size: _____ 2-4 (XS) _____ 6-8 (S) _____ 10-12 (M) _____ 14-16 (L)

Office Use Only:

\$ _____ Registration Fee	\$ _____ Monthly Tuition	Teacher _____
\$ _____ Early Arrival	\$ _____ Lunch Bunch	Start Date _____
Tuition Book # _____	<input type="checkbox"/> SS Card	<input type="checkbox"/> Birth Cert
		<input type="checkbox"/> Immun. Cert

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Health Record

Student Name _____ Preferred Name _____

Please check any that apply:

____Hearing Loss

____Hearing Aids

____Glasses/Contacts

____Speech Defects

If yes – Attending speech development classes? Yes No

____ADD/ADHD

Medication Taken? Yes No

____Asthma/Respiratory Problems

Medication Taken? Yes No

____Seizures-Describe _____

____Allergic Reactions-Describe _____

Epipen Required? Yes No

Learning Disabilities? Describe: _____

Physical Handicaps? Describe: _____

Please list any other problems, special needs or information about your child's health _____

If the student needs prescription medication during school hours, a completed **Medication Form** must be on file. This form may be obtained from the Weekday office. This form must be completed and signed by the parent/legal guardian. All medications must be in the original container and have the prescription label attached.

Authorization For Emergency Care

In the event of an emergency, when I am not readily available, I, the undersigned, parent or legal guardian of the student listed above hereby authorize the staff of Boiling Springs First Baptist Church Weekday Early Education to act as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. I hereby give permission to our family physician and/or attending physician to hospitalize and/or provide proper treatment for my child. I also give permission for school personnel to provide emergency care as needed.

Parent/Guardian Signature _____

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Family Information

Student Name _____ Preferred Name _____

Mother's Name _____ Cell Phone _____
Last First Middle

Phone and address (if different from student): Lives in home with student? Yes No

Street Address _____ City _____

State _____ Zip _____ Home Phone _____

Employer _____ **Business Address** _____

Occupation _____ **Work Phone** _____ **Work Hrs** _____

Email Address: _____

Father's Name _____ Cell Phone _____
Last First Middle

Phone and address (if different from student): Lives in home with student? Yes No

Street Address _____ City _____

State _____ Zip _____ Home Phone _____

Employer _____ **Business Address** _____

Occupation _____ **Work Phone** _____ **Work Hrs** _____

Email Address: _____

Custody, in case of divorce: (In order to enforce custody restrictions, a copy of court documents must be on file in the Weekday office.)
Mother _____ Primary _____ Joint _____ No _____
Father _____ Primary _____ Joint _____ No _____

Please list others who live in the home:

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

Name _____ Relation to child _____

In case of an emergency and parents cannot be reached, the following have permission to pick up my child, please contact:
(Driver's license will be checked)

Emergency Name _____ Relation _____ Phone _____

Emergency Name _____ Relation _____ Phone _____

Emergency Name _____ Relation _____ Phone _____

Emergency Name _____ Relation _____ Phone _____