

Boiling Springs First Baptist Church
Weekday Early Education

**Early Arrival/Lunch Bunch
Enrollment Application**

Date of Application _____

Student Name _____ Preferred Name _____
Last First Middle

Check Options Applying For Year 2008-2009	
<input type="checkbox"/> Early Arrival Care (7:30 – 8:30) <input type="checkbox"/> T/TH <input type="checkbox"/> M/W/F <input type="checkbox"/> Mon – Fri	<input type="checkbox"/> Lunch Bunch (11:30 – 2:00) <input type="checkbox"/> T/TH <input type="checkbox"/> M/W/F <input type="checkbox"/> Mon - Fri
<input type="checkbox"/> Lunch Bunch (11:30 – 12:30) <input type="checkbox"/> T/TH <input type="checkbox"/> M/W/F <input type="checkbox"/> Mon – Fri	<input type="checkbox"/> Lunch Bunch (12:30 – 2:00) **5K only <input type="checkbox"/> T/TH <input type="checkbox"/> M/W/F <input type="checkbox"/> Mon - Fri

Gender _____ DOB ____ / ____ / ____ Present Age _____ Age of Class Enrolling: _____

Street Address _____ City _____

State _____ Zip _____ Home Phone _____

Mother's Name _____ Cell Phone _____

Employer _____ Work Phone _____

Father's Name _____ Cell Phone _____

Employer _____ Work Phone _____

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 _____

Parent/Guardian Signature _____

Office Use Only:		Teacher _____
\$ _____ Early Arrival	Daily Enrollment? _____	Start Date _____
\$ _____ Lunch Bunch	Date Rcv'd Enroll. Form _____	