

*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.*

First Grade Enrollment (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 # _____	Date Rcv'd Enroll. Form _____	<input type="checkbox"/> SS Card
		<input type="checkbox"/> Birth Cert
		<input type="checkbox"/> Immun. Cert

*Boiling Springs First Baptist Church*  
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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** \_\_\_\_\_

*Boiling Springs First Baptist Church*  
*Weekday Early Education*  
**Family Information**

Student Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

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**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: \_\_\_\_\_

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**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: \_\_\_\_\_

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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 \_\_\_\_\_