

**FIRST BAPTIST WEESCHOOL**  
**Registration Form 2010-2011**

Child's Full Name \_\_\_\_\_

Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Age as of Sept. 1, 2010 \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Mothers' Name \_\_\_\_\_

Fathers' Name \_\_\_\_\_

Mothers' Employer: \_\_\_\_\_

Address \_\_\_\_\_

Work Number \_\_\_\_\_ Cell \_\_\_\_\_

Fathers' Employer: \_\_\_\_\_

Address \_\_\_\_\_

Work Number \_\_\_\_\_ Cell \_\_\_\_\_

Person Responsible For Tuition Payment \_\_\_\_\_

Are you a member of any Church      Yes ( )      No ( )

Church Membership at, if yes \_\_\_\_\_

Emergency Contacts

Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Name of Physician \_\_\_\_\_ Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies \_\_\_\_\_

Special Needs \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to be treated by authorized medical personnel in the event of an emergency. I, therefore, hold free from liability First Baptist WeeSchool and all attending medical personnel acting according to accustomed procedure and rendering general and special medical related treatment on the behalf of and for the goodwill of my child (legal ward).

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

Class Request \_\_\_\_\_ (will try to honor but cannot guarantee)

*For office use only:*

*Class Assignment:* \_\_\_\_\_

*Records Received:* \_\_\_\_\_

*Registration Payment Type:* \_\_\_\_\_

*Date Paid:* \_\_\_\_\_