

First Baptist Church

Mother's Day out and Preschool Enrollment Form

311 North Pine Street . Vivian LA 71082 . (318) 455-8939 or (318) 375-3245

Child's Name:	Sex:	Ethnic:
Address:	City:	Zip:
Birth Date:		
Home Phone #:	Admission Date:	Class:

PARENT INFORMATION:

Marital Status:	Number of children:	Ages:
Religious Affiliation:	Church	
Child lives with:		
Father:		
Address:	Phone #:	
Employment:	Phone #:	
Mother:		
Address:	Phone #:	
Employment:	Phone #:	

PERSON TO CALL IN EMERGENCY WHEN PARENT CANNOT BE REACHED:

Name:	Relationship:
Address:	Phone #:
Name:	Relationship:
Address:	Phone #:
Describe child's past illnesses and/or physical defects:	
Describe child's habits:	
Likes:	Dislikes:
Favorite Hobby:	
Ability to play with other children:	Toilet Training:
Person(s) to whom child may be released:	

**PLEASE CHECK THE FEE BOX WHICH APPLIES TO THE NUMBER OF CHILDREN YOU HAVE:
I AGREE TO PAY THE AMOUNT OF:**

\$100.00 Registration Fee (Non-refundable) and \$140.00 a month for 1 child	
\$100.00 Registration Fee (Non-refundable) and \$260.00 a month for 2 children (\$130.00/child)	
\$100.00 Registration Fee (Non-refundable) and \$360.00 a month for 3 children (\$120.00/child)	

CODE WORD:

Emergency Medical Information:

Doctor:

Address:

Phone #:

Dentist:

Address:

Phone #:

Insurance Co.

ID#:

Hospital:

Please list any allergies or special medical information the school may need to know about:

PARENTS SIGNATURE: _____

DATE: _____

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