

First Baptist Church

Mother's Day Out and Preschool

311 North Pine Street . Vivian LA 71082 . (318) 458-5124 or (318) 375-3245

Enrollment Form

Child's Name:	Sex:	Ethnic:
Address:	City:	State:
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:**

\$50.00 Registration Fee (Non-refundable) and \$110.00 a month for 1 child	
\$100.00 Registration Fee (Non-refundable) and \$200.00 a month for 2 children (\$100.00/child)	
\$150.00 Registration Fee (Non-refundable) and \$270.00 a month for 3 children (\$90.00/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: _____

