

# Seneca Baptist Preschool Registration 2018

Enrollment Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Last First Middle

Name child is called: \_\_\_\_\_ Sex \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Allergies: Food allergies: \_\_\_\_\_  
Medicines: \_\_\_\_\_  
Other: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Regularly attend church \_\_\_\_\_ Where: \_\_\_\_\_

Child will generally be picked up and dropped off by: \_\_\_\_\_

Please list any persons who are UNAUTHORIZED to pick up your child: \_\_\_\_\_

Siblings:

	<u>Name</u>	<u>Sex</u>	<u>Birth date</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

Name of program where your child had previous child care placement (if applicable):  
\_\_\_\_\_

List any behavior habits (biting, tantrums, nail biting, thumb sucking, etc.):  
\_\_\_\_\_

Describe any childhood illnesses and or serious injuries we need to be aware of:  
\_\_\_\_\_

Does your child have eating problems? If so, describe: \_\_\_\_\_

Can your child be relied upon to indicate his/her bathroom needs? \_\_\_\_\_

**PARENT INFORMATION**

Marital Status: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Last First M

Address if different from child: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Occupations: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Last First M

Address if different from child: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Occupations: \_\_\_\_\_

Whom shall we contact in case of an emergency if we are not able to reach parents?

- Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_
- Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_
- Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**CHILD'S PHYSICIAN**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**EMERGENCY MEDICAL CARE:**

IF THE STAFF DETERMINS THAT MEDICAL CARE IS NEEDED, EVERY POSSIBLE EFFORT WILL BE MADE TO FIRST CONTACT THE PARENT SO THAT THE PARENT CAN HELP IN PLANNING FURTHER STEPS TO BE TAKEN IN THE PARTICULAR SITUATION. IF EMERGENCY MEDICAL ATTENTION IS NEEDED AND THE PARENT CANNOT BE REACHED OR THERE IS NO TIME TO REACH THE PARENT FIRST, I GIVE PERMISSION FOR THE STAFF OF SENECA BAPTIST PRESCHOOL TO SECURE MEDICAL TREATMENT FOR MY CHILD.

I HAVE READ THE ABOVE INFORMATION REGARDING EMERGENCY CARE AND THE RELEASE PERMIT. I AGREE TO THE TERMS SET FORTH.

**PARENTS SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

Additional information you feel we need to know about your child: \_\_\_\_\_

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