

**THE SOLID ROCK**  
**Preschool and Mother's Day Out**  
2011 Enrollment Form

**OFFICE USE ONLY**

Classroom \_\_\_\_\_

Admission Date \_\_\_\_\_

Discharge Date \_\_\_\_\_

Forms to be retained one year after discharge

Registration fee \$ \_\_\_\_\_ Check # \_\_\_\_\_

Registration Fee:

\$100.00 for one child

\$125.00 family rate

**Make checks payable to "FBCW"**

**Child's Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_

**Birth Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy)    **Present Age** \_\_\_\_\_    **Male**    **Female**

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

Relate any allergies or chronic health problems that your child has: \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Address (if different from above)** \_\_\_\_\_ **Cell Phone (\_\_\_\_\_)** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_ **Your Maiden Name** \_\_\_\_\_

**Employed By** \_\_\_\_\_ **Hours of Employment**  
From \_\_\_\_\_ To \_\_\_\_\_

**Address** \_\_\_\_\_ **Business Phone Number** \_\_\_\_\_

**Church Member?** \_\_\_\_\_ **Where?** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Address (if different from above)** \_\_\_\_\_ **Cell Phone (\_\_\_\_\_)** \_\_\_\_\_

**Employed By** \_\_\_\_\_ **Hours of Employment**  
From \_\_\_\_\_ To \_\_\_\_\_

**Address** \_\_\_\_\_ **Business Phone Number** \_\_\_\_\_

**Church Member?** \_\_\_\_\_ **Where?** \_\_\_\_\_

**EMERGENCY CONTACT(S) (OTHER THAN PARENT(S) OR DOCTOR)**

<b>Name</b> _____	<b>Relationship</b> _____
Phone _____	Cell Phone (_____) _____
Address _____	City _____ State _____ Zip Code _____
<b>Name</b> _____	<b>Relationship</b> _____
Phone _____	Cell Phone (_____) _____
Address _____	City _____ State _____ Zip Code _____

**AUTHORIZED TO TAKE CHILD FROM THE CHILD CARE FACILITY (OTHER THAN PARENTS)**

<b>Name</b> _____	<b>Relationship</b> _____
Phone _____	Cell Phone (_____) _____
Address _____	City _____ State _____ Zip Code _____
<b>Name</b> _____	<b>Relationship</b> _____
Phone _____	Cell Phone (_____) _____
Address _____	City _____ State _____ Zip Code _____

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

**PHYSICIAN AND PREFERRED HOSPITAL TO BE USED IN AN EMERGENCY**  
I understand that in case of an accident or injury to my child, I will be notified immediately. If my child requires emergency care, the physician and preferred hospital to be used are:

Doctor/Clinic:  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital:  
Name \_\_\_\_\_ Phone \_\_\_\_\_

**FIELD TRIPS AND TRANSPORTATION (Lions, Elephants, Giraffes, Kangaroos, and Tigers **only**)**

I \_\_\_ do \_\_\_ do not give consent for my child to take part in field trips or excursions with this day care facility under proper supervision. It is my understanding that I will be notified when such trips are planned.

**AGREEMENTS**

- A. I have been informed of the required health and safety inspections and that the inspection forms are available for review.
- B. When my child is ill, I understand and agree that my child may not be accepted for care.
- C. I have read all policies of The Solid Rock Ministry and I agree to abide by them.
- D. I understand that I must pay for the days that my child does not attend.
- E. I give permission for my child to be video taped for the sole purpose of the video being shown in our church.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date