

THE SOLID ROCK
Preschool and Mother's Day Out
2008 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 _____ From _____ To _____
Hours of Employment

Address _____ Business Phone Number _____

Church Member? _____ Where? _____

Father's Name _____ Home Phone _____

Address (if different from above) _____ Cell Phone (____) _____

Employed By _____ From _____ To _____
Hours of Employment

Address _____ Business Phone Number _____

Church Member? _____ Where? _____

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

Name _____	Relationship _____
Phone _____	Cell Phone (_____) _____
Address _____	City _____ State _____ Zip Code _____
Name _____	Relationship _____
Phone _____	Cell Phone (_____) _____
Address _____	City _____ State _____ Zip Code _____

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

Name _____	Relationship _____
Phone _____	Cell Phone (_____) _____
Address _____	City _____ State _____ Zip Code _____
Name _____	Relationship _____
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, and Kangaroos **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 Mother's Day Out 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