

# First Baptist School

## Enrollment Form

2022-2023

Amount: \_\_\_\_\_

Check #/Cash: \_\_\_\_\_

### GENERAL INFORMATION:

CHILD'S NAME: \_\_\_\_\_

CHILD'S AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT or GUARDIAN

Mom: \_\_\_\_\_ Cell: \_\_\_\_\_

Dad: \_\_\_\_\_ Cell: \_\_\_\_\_

PLACE OF EMPLOYMENT: Mom \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

PLACE OF EMPLOYMENT: DAD \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-MAIL MOM: \_\_\_\_\_

E-MAIL DAD: \_\_\_\_\_

EMERGENCY CONTACTS FOR YOUR CHILD: LIST NAME, ADDRESS & PHONE NUMBERS FOR EACH CONTACT. ONLY THOSE LISTED WILL BE ABLE TO PICK UP YOUR CHILD.(Release Form)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

### STUDENT INFORMATION:

HAS YOUR CHILD HAD PREVIOUS SCHOOL EXPERIENCE? \_\_\_NO \_\_\_YES

REASON FOR LEAVING PREVIOUS SCHOOL:

CHILD'S PHYSICIAN: \_\_\_\_\_

DOES YOUR CHILD HAVE ALLERGIES? \_\_\_NO \_\_\_YES LIST ALLERGIES:

LIST ANY PHYSICAL, DEVELOPMENTAL, SOCIAL OR MEDICAL CONCERNS:

LIST ANY REGULARLY TAKEN MEDICATION(S):

INCLUDE ANY INFORMATION THAT WOULD BE HELPFUL IN THE EVENT OF A MEDICAL EMERGENCY:

DOES YOUR CHILD ATTEND SUNDAY SCHOOL/CHURCH? \_\_\_ NO \_\_\_ YES  
WHERE? \_\_\_\_\_  
INCLUDE ANY ADDITIONAL INFORMATION THAT MIGHT BE HELPFUL TO  
THE TEACHER: \_\_\_\_\_

EVERY PRECAUTION WILL BE TAKEN INSIDE AND OUT IN PLAY AND  
LEARNING. THE CHURCH/SCHOOL CANNOT ASSUME RESPONSIBILITY FOR  
INJURIES IF SUCH SHOULD OCCUR. YOUR SIGNATURE CONSTITUTES  
ACKNOWLEDGEMENT OF THIS FACT.  
SIGNATURE: \_\_\_\_\_

THE PARENT/GUARDIAN OF THE LISTED CHILD AUTHORIZES FIRST  
BAPTIST SCHOOL TO OBTAIN MEDICAL CARE IN THE EVENT THE  
PARENT/GUARDIAN CANNOT BE LOCATED:  
SIGNATURE: \_\_\_\_\_  
Insurance Name \_\_\_\_\_  
Policy # \_\_\_\_\_

**NOTE:**IF ANY OF THE ABOVE INFORMATION CHANGES DURING THE  
SCHOOL YEAR, PLEASE CONTACT YOUR CHILD'S TEACHER SO WE CAN  
KEEP OUR INFORMATION CURRENT.

**ENROLLMENT WILL NOT BE COMPLETE NOR WILL CHILD BE  
ALLOWED TO BEGIN CLASSES UNTIL ALL THE ITEMS LISTED BELOW  
HAVE BEEN RECEIVED AND APPLICATION PROCESSED BY DIRECTOR  
OR TEACHER.**

\_\_\_\_\_ COMPLETED ENROLLMENT FORM  
\_\_\_\_\_ ENROLLMENT FEE-NON-REFUNDABLE  
\_\_\_\_\_ COPY OF IMMUNIZATION RECORD-MUST BE UP TO DATE FOR  
ATTENDANCE  
\_\_\_\_\_ COPY OF BIRTH CERTIFICATE and SOCIAL SECURITY CARD  
\_\_\_\_\_ COMPLETED MEDICAL FORM-(Preschool and Kindergarten) due prior  
to first day of attendance

REQUESTING ENROLLMENT FOR:

_____ MORNING 3 YEAR OLD PRESCHOOL	8:30-11:30
_____ MORNING 4 YEAR OLD PRESCHOOL	8:30-11:30
_____ FULL DAY 3 YEAR OLD PRESCHOOL	8:30-3:30
_____ FULL DAY 4 YEAR OLD PRESCHOOL	8:30-3:30
_____ KINDERGARTEN	8:30-3:30
_____ FIRST GRADE	8:30-3:30
_____ SECOND GRADE	8:30-3:30
_____ THIRD GRADE	8:30-3:30
_____ FOURTH GRADE	8:30-3:30
_____ FIFTH GRADE	8:30-3:30
_____ SIXTH GRADE	8:30-3:30