

Bethel Baptist Weekday Preschool - Student Information Form 2019-2020

2.5 Yr. Class (T/TH) LMT \$125.00 + Reg. fee \$75.00 + Supply fee \$65.00 = \$265.00 4 Yr. Class (M-TH) LMT \$180.00 + Reg. fee \$75.00 + Supply fee \$105.00 = \$360.00
 3 Yr. Class (M/W/F) LMT \$155.00 + Reg. fee \$75.00 + Supply fee \$85.00 = \$315.00 4 Yr. Class w/Friday Enrichment 230.00 + Reg. fee \$75.00 + Sup fee \$105.00 = \$410.00

Child's Name _____ Nickname/Name Used _____ Male Female Date of Birth Month _____ Day _____ Year _____

*Preferred Address _____ City _____ ZIP _____

*Preferred Phone _____ *Preferred Email _____

Mother's Name _____ Home Phone _____ Cell Phone _____ Receive text on cell? YES NO

Occupation _____ Place of Employment _____ Work Phone _____ Parent to Contact 1st 2nd

Father's Name _____ Home Phone _____ Cell Phone _____ Receive text on cell? YES NO

Occupation _____ Place of Employment _____ Work Phone _____ Parent to Contact 1st 2nd

Name & Age of Siblings _____ Parents Attend _____ Church _____

*Preferred Information, Date of Birth & Parent's Names will be in the class directory

Medical Information

Doctor _____ Phone _____ Please give me the form: Individual Health Care Plan for children with allergies

Allergies (except for seasonal) _____

ATTENTION: Please discuss all special health needs with the Director before completing the registration process.

**Emergency Contact

If I, the parent am unavailable, please contact the following relative/friend in this order to contact me, and/or act on my behalf to attend to my child in case of illness or emergency.

1st Name _____ Home Phone _____ Cell Phone _____

2nd Name _____ Home Phone _____ Cell Phone _____

3rd Name _____ Home Phone _____ Cell Phone _____

**Pick-up Authorization Please use the emergency contacts listed above as authorized to pick up my child.

The following people, excluding parents previously listed on this form, are authorized to pick up my child:

Name _____ Home Phone _____ Cell Phone _____

Name _____ Home Phone _____ Cell Phone _____

Name _____ Home Phone _____ Cell Phone _____

There are people that are not authorized to be near my child. Please send me a separate form for this information. The director will contact you.

Notes from the Director: _____
