

**Bethel Baptist Weekday Preschool Kindergarten - Student Information Form 2021-2022**

**Kindergarten Mon.-Fri. 8:30-12:30**

**Reservation of Space Fee \$325.00 + Registration Fee \$75.00 + Supply Fee \$75.00 + Curriculum Fee \$185.00  
Total to Register = \$660.00**

\*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  1<sup>st</sup>  2<sup>nd</sup>

\*Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Receive text on cell?  YES  NO

Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_ Parent to Contact  1<sup>st</sup>  2<sup>nd</sup>

Name & Age of Siblings \_\_\_\_\_ Parents Attend \_\_\_\_\_ Church \_\_\_\_\_

\*Preferred Information, Child's name, Parent's Names, Email & Home Phone number 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.

1<sup>st</sup> Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2<sup>nd</sup> Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

3<sup>rd</sup> 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:** \_\_\_\_\_

\_\_\_\_\_