

# Bethel Baptist Weekday Preschool and Kindergarten - Student Information Form 2022-2023

2.5 Yr. Class (M/TorW/TH) LMT \$150.00 + Reg. fee \$100.00 + Supply fee \$80.00 = \$330.00  4 Yr. Class (M-TH) LMT \$250.00 + Reg. fee \$100.00 + Supply fee \$150.00 = \$500.00  
 3 Yr. Class (M/W/F) LMT \$200.00 + Reg. fee \$100.00 + Supply fee \$110.00 = \$410.00  4 Yr. Class (M-F) LMT \$300.00 + Reg. fee \$100.00 + Supply fee \$150.00 = \$550.00

\*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, Home Phone # & Email will be in the class directory

## Medical Information

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Insurance Policy # \_\_\_\_\_

Allergies (except for seasonal) \_\_\_\_\_  Please give me the form: Individual Health Care Plan for children with allergies

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: \_\_\_\_\_

\_\_\_\_\_