

Bethel Baptist Christian School - Student Information Form 2024-2025

PLEASE FILL IN ALL BLANKS

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

Preferred Address: _____ City _____ ZIP _____ Class Age or Grade : _____

*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, Child's name, Parent's Names, Preferred 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.

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: _____

High lighted items mandatory to fill out