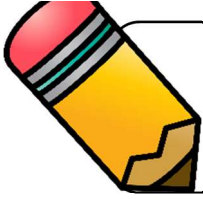


Class: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Age: \_\_\_\_\_

Registration Fee: \_\_\_\_\_



# Weekday Early Education



106 N. Broadway, Portland, TN 37148  
(615) 325-2386

## Registration Form

Child: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: M\_\_ F\_\_

Child's Address: \_\_\_\_\_

Full name of Mother: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Address:  Same \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_ Cell Phone: \_\_\_\_\_

Place of work: \_\_\_\_\_ Hours: \_\_\_\_\_ Contact 1<sup>st</sup>

Full name of Father: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Address:  Same \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_ Cell Phone: \_\_\_\_\_

Place of work: \_\_\_\_\_ Hours: \_\_\_\_\_ Contact 1<sup>st</sup>

Child Lives with: \_\_\_\_ Mother and Father \_\_\_\_ Mother \_\_\_\_ Father Other: \_\_\_\_\_

List names of siblings (Ages): \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Child is: in Diapers  Potty Training  Needs a little help  Potty Trained

Notes: \_\_\_\_\_

## Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell or Work Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

Other Person(s) Authorized to pick up child:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

## Child's Medical Information

Insurance Company: \_\_\_\_\_ Policy#: \_\_\_\_\_ ID#: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Are your Child's immunizations up to date? Yes ( ) No ( )

Does child have any known health problems? Yes ( ) No ( ) \_\_\_\_\_

Does your child get colds/flu often? \_\_\_\_\_

Does your child have any special needs or things that work or don't work? \_\_\_\_\_

Emergency Instructions/Preferred Hospital: \_\_\_\_\_

Please list any kind of medication, medical treatment, health problems, or allergies that you child might have:

\_\_\_\_\_

Please list any serious prior injuries: \_\_\_\_\_

Check (✓) any of the following illnesses the child has had:

- Asthma    Earaches    Mumps    Whooping Cough    Bronchitis
- Eczema    Pneumonia    Polio    Chicken Pox    Frequent Colds
- Croup    Convulsions    Measles    Influenza    Rheumatic Fever
- Diphtheria    Tonsillitis    Other: \_\_\_\_\_

Does your child have any know allergies? Yes ( ) No ( ) If yes, what are they and what are your child's reactions:

\_\_\_\_\_

Does your child take any medication on a regular basis? Yes ( ) No ( ) If yes please list the name of the medication(s) and the medical condition for which it is taken:

\_\_\_\_\_

Does your child have any speech, hearing or visual problems? Yes ( ) No ( )

\_\_\_\_\_

Has your child ever been tested for the above? Yes ( ) No ( )

\_\_\_\_\_

Please comment on any other medical information/or special need the child care provider should be aware of:

\_\_\_\_\_

\_\_\_\_\_

## **Emergency Care Authorization**

I authorize First Baptist Portland Weekday Early Education to obtain medical services in the event of an emergency. This authorization is in effect as long as my child is enrolled and must be updated annually.

I authorize First Baptist Portland Weekday Early Education to obtain the following services for this child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Comments/Exceptions: \_\_\_\_\_

## **Water Play Authorization**

Please be informed that water play is a high-risk activity and thus permission is required for children to participate in these activities. We may participate in water activities throughout the year which includes but is not limited to water table, water balloons/guns, sprinkler. Many precautions are being taken at our facility to help keep children safe when participating in water play.

I authorize my child to participate in ALL water activities offered.

Except: \_\_\_\_\_

I do NOT authorize my child to participate in ANY water activities.

# Photo Authorization

Photographs and videos are taken during on separate occasions such as birthdays, holidays, outings, special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, picture CD's and various other things. Photos which may include my child may be given to families who also attend this program or may appear in the newspaper unless otherwise noted by you.

Please mark the appropriate box(s):

I give permission to First Baptist Portland Weekday Early Education to take photographs/videos of the above named child(ren). Photos used in classroom only or give to parents as a remembrance of their child's year (including other families in the program).

**In Addition:**

- I give permission for photos/videos to be posted on our Facebook or Blog (to share your child's day).
- I give permission for my child's photo to be used on printed marketing materials (pamphlets, flyers, etc.)

**OR**

I do NOT want any photos/videos taken of my child.

Additional information, notes or agreements made between this program and parents or guardians:

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\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent/guardian)

Referral Sources (Please circle all that applies)

**ADVERTISEMENT**

Drive-by Sign  
Website/Facebook/Other  
Flyer

**REFERRAL**

Parental Referral: \_\_\_\_\_  
Center Referral: \_\_\_\_\_  
Friend/Neighbor: \_\_\_\_\_