

First Baptist Church Preschool

2017-2018 School Year

Child Registration Form

2709 Monument Avenue

Richmond, Virginia 23220

(804) 355-8637

fax: (804) 359-4000

Date Received	Time Received	Amount Paid	Paid by cash <input type="checkbox"/> check <input type="checkbox"/> # _____
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Child's full name _____

Home address _____ (first) _____ (middle) _____ (last) _____ (nickname)
City _____ Zip _____ Home Phone _____

Age _____ Birthdate _____ Sex _____

Father's name _____ Place employed _____ Business phone # _____

Home address _____ Zip _____ Phone # _____ Cell # _____

Father's e-mail address _____

Mother's name _____ Place employed _____ Business phone # _____

Home address _____ Zip _____ Phone # _____ Cell # _____

Parent's e-mail address _____

Name of person(s) or agency having legal custody of child (if applicable) _____

Home address _____ Zip _____ Phone # _____

Business address _____ Phone # _____

EMERGENCY INFORMATION

Allergies or intolerance to food, medication, etc. and action to take in an emergency:

Name of child's physician _____ Phone # _____

1. _____
Name of person(s) to contact if parents cannot be reached Relationship to child

Address _____ Phone # _____ Cell # _____

2. _____
Name of person(s) to contact if parents cannot be reached Relationship to child

Address _____ Phone # _____ Cell # _____

Persons authorized to pick up child:

Persons NOT authorized to visit OR pick up child:

Chronic physical problems and pertinent developmental Information and special accommodations needed:

How did you hear about our preschool? _____

Please make any comments you think would be helpful to the teacher in making school happy and meaningful to the child: _____

Please mark 1st and 2nd choices:

Birthday _____ 1 - 1½ year olds: TTh _____ MWF _____ or M - F _____ (must be 1 by January 31, 2018)
Birthday _____ Almost 2's: TTh _____ MWF _____ or M - F _____ (2nd birthday between October 1, 2017 & April 1, 2018)
Birthday _____ 2 year olds: TTh _____ or MWF _____ or M - F _____ (must be 2 by September 30, 2017)
Birthday _____ 3 year olds: MWF _____ M - Th _____ or M - F _____ (must be 3 by September 30, 2017)
Birthday _____ Pre-K: M - F _____ 9 a.m.-1 p.m. (must be 4 by September 30, 2017)

AGREEMENTS:

1. The parent understands that First Baptist Church Preschool is a PEANUT FREE SCHOOL.
____ YES
2. The parent gives authorization for the child to participate in the school's transportation and field trips.
____ YES ____ NO
3. The school agrees to notify the parent/guardian whenever the child becomes ill, and the parent/guardian agrees to pick the child up thereafter as soon as possible.
____ YES ____ NO
4. The parent/guardian authorizes school to obtain immediate medical care if any emergency occurs when he/she cannot be located immediately.
____ YES ____ NO
5. The parent/guardian understands that their child is enrolled for the entire school year. If it becomes necessary to withdraw the child from the school, the parent/guardian is responsible for the full yearly tuition unless the child's space can be filled.
____ YES ____ NO
6. The parent/guardian gives permission for the child to be used in any promotional materials for First Baptist Church Preschool including brochures, newspapers, magazine ads, the FBC Preschool website, Facebook or Instagram. The parent understands that the child will not be identified by name.
____ YES ____ NO
7. The parent/guardian agrees to inform the school within 24 hours or the next business day after his/her child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health (except for life threatening diseases, which must be reported immediately).
____ YES ____ NO

SIGNATURES:

Parent or guardian _____ Date _____

Administrator of school _____ Date _____

Date child entered care _____ Date child left care _____

**OFFICE USE ONLY
IDENTITY VERIFICATION**

Place of birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof			

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency, record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.