

Ellerbe Road Baptist Church  
Weekday Preschool 2012-2013

Name of Child \_\_\_\_\_ Name Used \_\_\_\_\_

Male Female Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Father's Name \_\_\_\_\_ Cellular/pager \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business# \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cellular/Pager \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business# \_\_\_\_\_

Member of a church: Yes No Where: \_\_\_\_\_

Person with whom child resides \_\_\_\_\_ Legal Custody \_\_\_\_\_

List two persons who may pick up your child in case of an emergency or for car pool:

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

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

Pediatrician \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Names of other children in family:

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Does this child have any allergies? Yes No

Does this child have any medical conditions or special needs? Yes No

Does your child have any dietary restrictions? Yes No

Please explain any "yes" answers- \_\_\_\_\_

\_\_\_\_\_

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Please circle one

Early Threes ( Tuesday & Thursday)

Annual Registration fee:       \$95

Monthly Tuition:                 \$95

3 Day Three Year Olds (Monday, Wednesday, Friday)

Annual Registration Fee:       \$115

Monthly Tuition:                 \$115

5 Day Three Year Olds( Monday- Friday)

Annual Registration Fee:       \$135

Monthly Tuition:                 \$135

Four Year Olds (Monday-Friday)

Annual Registration Fee:       \$135

Monthly Tuition:                 \$135

I agree that the registration fee is **non-refundable**. Fees are due by the 5th of each month.

I will honor my commitment for this term unless I **give two weeks notice with fees** to the director.

I authorize **Ellerbe Road Baptist Church** to secure emergency medical attention for my child in the event of injury or sudden illness. I **will not** hold **Ellerbe Road Baptist Church** or any of it's employees responsible for the cost of any medical attention that would be required in the event of an emergency and assume all financial responsibility for any costs incurred.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

T-Shirt Size: (please circle one)       yxs

ys   ym

Date of Admission: \_\_\_\_\_

Amount Pd: \_\_\_\_\_