



2019 - 2020 Enrollment Form

Child's Name _____

Date of Birth _____

Address _____

City _____ Zip _____

E-mail address: _____

Mother's Name _____ Cell Phone _____

Place of employment _____ Work Phone _____

Father's Name _____ Cell Phone _____

Place of employment _____ Work Phone _____

Emergency Contacts (also authorized to pick up my child in my absence)

Emergency Contact 1 _____

Relationship _____ Phone _____

Emergency Contact 2 _____

Relationship _____ Phone _____

Allergies _____

Diet restrictions _____

Medical conditions _____

Child's Physician _____ Phone _____

(Please circle days you wish for your child to attend. Preschool ages 2 - 5 may circle 2, 3, or 4 days;
Toddlers ages 15 - 24 months may circle 1, 2, 3, or 4 days)

Days of attendance: **M T W Th**

IMPORTANT INFORMATION:

**Your child is not considered enrolled until registration is paid.
The registration fee is NON-REFUNDABLE**

Would you like your family included in the Preschool Phone Directory? **YES NO**

Please list e-mail/phone or both can be printed in the Preschool Directory? _____

Does your family attend church and if so where? _____

Would you like more information about Grassy Branch Baptist Church and other children's ministry programs? **YES NO** How would you like to be contacted? **E-mail Phone Mail**

For Center Use Only

Registration fee paid \$ _____ Date _____ Cash _____ Check# _____

Class assignment _____