



# Application Form

(Please Print)

Today's Date:		Start Date:		End Date(staff complete):	
<b>STUDENT INFORMATION</b>					
Child's Last Name:		First:		Middle:	
				Nickname:	
Birth (due) Date		Age:		Sex:	
				<input type="checkbox"/> M <input type="checkbox"/> F	
Street Address			Apt. Number:		P.O. Box:
City:		State:		Zip Code:	
Child's Physician:			Physician Phone:		
Does your child have any allergies or food intolerances:					
Does your child have any physical delays or pertinent developmental information (ie: delayed speech or motor skills):					
Does your child have any dietary restrictions (ie: vegetarian, kosher):					
Name of any previous or concurrent child care centers attended:					
Name and age of other children in the home:					
I prefer my child to attend:					
<input type="checkbox"/> Preschool Only (9:30am-1pm)		<input type="checkbox"/> Full Day Preschool (6am-6pm) 10 month		<input type="checkbox"/> Full Day Preschool (6am-6pm) 12 month	
<input type="checkbox"/> Before Care and Preschool (6am-1pm)		<input type="checkbox"/> Preschool and After Care (9:30am-6pm)			
<input type="checkbox"/> Monday – Friday		<input type="checkbox"/> Monday, Wednesday, Friday		<input type="checkbox"/> Tuesday, Thursday	

<b>PARENT INFORMATION</b>					
Parent 1 Last Name:		First:		Address (if different):	
Home Phone:		Cell Phone:		Email:	
Occupation:		Employer:		Work Phone:	
Parent 2 Last Name:		First:		Address (if different)	
Home Phone:		Cell Phone:		Email:	
Occupation:		Employer:		Work Phone:	
Church Affiliation:				Current Member?	

Please continue to backside

**IN CASE OF EMERGENCY**

Name of Local Person (not living at same address):	Relationship to Child:	Phone Number:	Address:
Name of Local Person (not living at same address):	Relationship to Child:	Phone Number:	Address:
Persons Authorized to pick up your child (not including parents and emergency contacts):			
<input type="checkbox"/> The above information is true to the best of my knowledge. I agree for my child to participate in the preschool program at Talbot Park Baptist Church. I understand that I am responsible for payments of tuition and art fees and that there are no refunds. <input type="checkbox"/> I give my child permission to participate in class walks on the church grounds and nearby neighborhoods. <input type="checkbox"/> I grant permission for my child to be taken to the nearest hospital if emergency medical attention is required and I will be responsible for any expenses incurred. <input type="checkbox"/> I understand that tuition is due by the 15 <sup>th</sup> of every month. <input type="checkbox"/> I have read and agree to abide by the policies contained in the preschool handbook.			
_____			_____
<i>Parent/Guardian signature</i>			<i>Date</i>

**PROOF OF IDENTITIY**

(For staff completion only)

Birth Certificate Number:	Issuing State:	Issuing Date:
_____		
<i>Staff Signature</i>		<i>Date</i>