

MILLBROOK BAPTIST KINDERGARTEN

Registration Form

Please complete front and back in pen.

Return to our office: 1519 East Millbrook Road, Raleigh, N. C. 27609-4888

Phone/Fax: 919-876-4030 MBK4030 @ bellsouth.net

() Check desired group:

(ANY SPECIAL REQUEST BY ATTACHED LETTER ONLY)

ONE YEAR () Mon.-Wed. () Tues.-Thurs.	TWO YEARS () Mon.-Wed.-Fri. () Tues.-Thurs.	THREE YEARS () Mon.-Wed.-Fri. () Mon. thru Fri.	FOUR YEARS () Mon.-Wed.-Fri. () Mon. thru Fri.	FIVE YEARS Mon. thru Fri.
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For Office Use Only: Rec'd: _____ Fee: _____

CHILD'S NAME _____ Name Used _____

SEX: M() F() DATE OF BIRTH: MO. ____ DAY ____ YEAR ____ PLACE OF BIRTH: CO. ____ STATE ____

ADDRESS _____ CITY _____ ZIP _____

SUBDIVISION _____ HOME PHONE _____

MOTHER'S CELL PHONE _____ E MAIL _____

FATHER' NAME _____ OCCUPATION _____

EMPLOYED BY _____ PHONE _____ CELL _____

BUSINESS ADDRESS _____ TRAVEL REQUIRED ? _____

MOTHER'S NAME _____ OCCUPATION _____

EMPLOYED BY _____ PHONE _____

BUSINESS ADDRESS _____ TRAVEL REQUIRED? _____

OTHER CHILDREN IN FAMILY:

Name	Age	Other adults living with family.
Brothers _____	_____	_____
_____	_____	_____
Sisters _____	_____	_____
_____	_____	_____

Religious preference _____ Members of _____

Are you interested in receiving information about the ministries of Millbrook Baptist Church? _____

I am enclosing the registration fee and agree to pay any remaining fees in accordance with published schedules.

_____ Date _____

(Parent or Guardian signature)

In case of emergency, when neither parent is available, call: (Please give the name of a relative or neighbor living close by.)

I give permission for my child to be released to the persons listed below. _____
(Permission to release child)

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

DOCTOR _____ PHONE _____ DENTIST _____ PHONE _____

I give Millbrook Baptist Kindergarten my permission to obtain emergency attention for the child named above. I prefer my child be taken to _____ Hospital, if required. I understand that emergency transportation will normally be by ambulance, and that I am to be billed for this service.

(Parent or Guardian signature)

This is to certify that my child, _____ has my permission to accompany the other children on all trips sponsored by and chaperoned by the staff of Millbrook Baptist Kindergarten.

(Parent or Guardian signature)

Are there any special circumstances at home or any physical problems that the teacher should know about?

If so, please explain: _____

Child's previous school attendance: _____

Is your child _____ right handed _____ left handed

General health habits: Any problems with toilet habits? _____

Emotional development:

Fears? _____ Jealousy? _____

Dependence on other persons? _____

Nervous manifestations: (Such as nail biting, thumb sucking) _____

List any allergies your child has: _____

List any physical problems of which the teacher should be aware: _____

Please include any comments which would aid us in serving you and your child which have not been included elsewhere.