

# MILLBROOK BAPTIST PRESCHOOL

1519 E. Millbrook Road, Raleigh, N.C. 27609-4888

Phone: 919-876-4030

www.millbrookbaptistpreschool.org

## Registration Form for 2016/2017

Please complete all pages in pen or type and return to the office.

Please place a check mark in the box to indicate the days you wish to enroll your child.

	M - F	M W F	T Th
<b>Older Ones/Younger Twos</b> (must be one by 8/31/2016)			
<b>Older Twos/Younger Threes</b> (must be two by 8/31/2016)			
<b>Older Threes/Younger Fours</b> (must be three by 8/31/2016)			
<b>Older Fours/Younger Fives</b> (must be four by 8/31/2016)			

### Lunch Bunch Option (12:15 - 1:15)

Yes

No

Which day(s) of the week will your child attend Lunch Bunch?

M T W Th F (Please circle the days.)

### Child's Information

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Name Used: \_\_\_\_\_ Gender: M / F Birthdate: \_\_\_\_\_ Age as of 8/31/16: \_\_\_\_\_

Previous Preschool Experience: \_\_\_\_\_

How did you hear about our preschool? \_\_\_\_\_

What are your expectations for your child this school year?

Please give any information concerning your child which will be helpful in his/her experience in a group setting such as play, eating and sleeping habits, special fears, special likes or dislikes.

Are you interested in receiving information about the ministries of Millbrook Baptist Church? Y/N

**Primary Parent/ Guardian Contact** (First person that we will call in an emergency)

**Relationship to child:** Mother / Father / \_\_\_\_\_

**First:** \_\_\_\_\_ **Last:** \_\_\_\_\_ **Name Used:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

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

**Secondary Parent/Guardian Contact** (Second person that we will call in an emergency)

**Relationship to child:** Mother/ Father/ \_\_\_\_\_

**First:** \_\_\_\_\_ **Last:** \_\_\_\_\_ **Name Used:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

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

**Other Children in Family**

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Emergency Contact Information**

If neither primary nor secondary guardian can be contacted, please contact (in order):

Name	Relationship To Child	Mobile Phone Number	OK for this contact to pick up child? Y/N
1.			
2.			
3.			

## Medical Information

**Doctor's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Dentist's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Insurance Provider:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

## Information about Your Child

**Does your child have any known allergies?**

**Explain:**

Yes No

**Treatment Plan for exposure:**

**Does your child have any chronic illnesses/conditions?**

Yes No **Explain:**

**Does your child have any speech or motor delays/problems?**

Yes No **Explain:**

**Do you have any social/emotional concerns about your child?**

Yes No **Explain:**

**Is your child toilet trained?**

Yes No **Explain:**

I give Millbrook Baptist Preschool my permission to obtain emergency attention for \_\_\_\_\_ .  
(Child's Name)

I prefer my child to be taken to \_\_\_\_\_ hospital, if required by ambulance, and I understand that I will be billed for this service.

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation a responsible adult will supervise other children in the facility. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate rest and outdoor play.

\_\_\_\_\_  
(Signature of Operator)

\_\_\_\_\_  
(Date)