

Office Use

Date application received: _____ Date registration paid: _____

Class/Age _____ Check# _____ Cash _____

**First Baptist of Saks Child Development Center
Application**

Day Care/Full Day

18mo-2yr-3yr-4yr

Preschool/Half Day 2yr-3yr-4yr

Child's Full Name

Date of Birth

Parent/Guardian Name _____ Phone _____

Home Address _____

City _____ State _____ Zip Code _____

Home Information:

Mother's Full Name _____ Maiden _____

Employer _____ Business Phone _____

Email Address _____ Cell Phones _____

Church Member (yes or no) _____ Church Home _____

Father's Full Name _____

Employer _____ Business Phone _____

Email Address _____ Cell Phones _____

Church Member (yes or no) _____ Church Home _____

Other Family Information Members in the home (please list names)

Father _____ Mother _____

Other adults/children in the home

EMERGENCY (all contacts must be 18 yrs. or older)
Please list 2 local contacts other than parents/guardians

Name: _____ Phone _____

Address _____ Cell# _____

Name: _____ Phone _____

Address _____ Cell# _____

CHILD MAY BE RELEASED TO: (Include names of parents when applicable)

1. _____ 6. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

5. _____ 10. _____

MEDICAL INFORMATION:

Child's Doctor: _____ Phone # _____

Address City State Zip Code

Child's Habits/Special Interest/Allergies, etc. _____

(For inquiries i.e. child) PASSWORD _____

PARENTS' SIGNATURES: Both parents must sign

Signature of Parent/Guardian Date

Signature of Parent/Guardian Date

By signing this page, you agree that all the information included in this application is correct.