

Office Use

Date application received: _____

Date registration paid: _____

Class/Age _____

Check# _____ **Cash** _____

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



Day Care/Full Day -2- 9- 4

Preschool/Half Day- 9 - 4

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 Phone** _____

Church Member (yes or no) _____
Home _____

Church

Father's Full Name _____

Employer _____ **Business Phone** _____

Email Address _____ **Cell Phone** _____

Church Member (yes or no)
Home _____

Church

Other Family Information
names)

Members in the home (please list

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. _____

8. _____

9. _____

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.