

Liberty Baptist Summer Program Registration Form 2010

Date _____

Name _____ Birthdate _____ Sex _____
First M.I. Last Nickname M/F

Address _____ Home Phone _____
Street City State Zip Code

Chronic Physical Problem/Pertinent Developmental Information/Special Accommodations Needed:

Previous Child Day Care Programs and Schools Attended:

- ◇ Payments in full are due each Monday.
- ◇ Payments in full are required for school Holidays / Closings.
- ◇ There will be no payment required for Christmas Break.

Please Check One - *Plan A ~ 5 Days (Mon. - Fri.) _____ *Plan B ~ M/W/F _____

PARENTS / GUARDIAN

Father _____
Place Employed _____ Business Phone _____
Home Address _____ Home Phone _____

Mother _____
Place Employed _____ Business Phone _____
Home Address _____ Home Phone _____

Email Address _____

Person(s) or Agency Having Legal Custody of Child _____

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency:

Child's Physician: _____ Phone _____

Names and Addresses of Two People to Contact if Parents Can not be Reached: _____ Phone Number: _____

1) _____

2) _____

Person(s) Authorized to Pick up Child _____

Person(s) **NOT** Authorized to Pick up Child* _____

*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up child.

Agreements

1. Liberty Baptist Pre-School agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent/guardian authorizes Liberty Baptist Pre-School to obtain immediate emergency medical care (911) whenever necessary.
3. By signing this agreement parents/guardians agree to the necessary costs associated with the collection process in the event of failure to meet their payment obligation.
4. Parent/guardians are required to provide all necessary documents for registration within one week of enrollment. Failure to provide/return all needed information may result in dis-enrollment.

Signatures

Parent or Guardian

Date

Administrator of Liberty Baptist Pre-School

Date

Date Child Entered Care: _____ Date Child Left Care: _____

* Religious Exempt Child Care Center*