

WEEKDAY EARLY EDUCATION

Pineville, Park Baptist Church
2455 Hwy 28 East, Pineville, LA 71360
(318) 445-7306

Registration fee paid _____ May tuition paid _____

REGISTRATION FEE IS NON-REFUNDABLE

Registration for 5-day 1's 5-day 2's 5-day 3's 5-day 4's / Pre-K Full-Day

Child's Full Name _____ Nickname _____
Birth date _____ Sex _____ Age on next birthday _____
Address _____
Home Telephone _____ Cell Phone #'s _____
Parents' Marital Status Married Divorced Separated Single

MOTHER

FATHER

Name _____ (maiden) _____ Name _____
Place of Employment _____ Place of Employment _____
Work Phone _____ Work Hours _____ Work Phone _____ Work Hours _____
Email _____ Email _____
Church Member Yes No Church Member Yes No
Name of church _____ Name of church _____

SIBLINGS:

Name _____ Sex _____ Birthdate _____

List members of your household not listed above (other relatives, roomers, etc.)

Persons to call in emergency when parent cannot be reached and are authorized to pick up child:

NAME	RELATIONSHIP	HOME/WORK NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby authorize this facility:

to care for my child during the time he or she is in the facility.

to secure emergency medical care for my child in case of inability to reach me.

I agree to pay monthly tuition by the fifth of each month.

I agree to provide all documentation required to complete my child's student file prior to his/her class placement.

I also agree to send a prior written notice before allowing my child to be picked up by anyone other than those listed above. (Please include phone numbers.) I understand a written notice is required each time.

****DATE**

****SIGNATURE OF PARENT(S) OR GUARDIAN**

Name and Phone # of child's physician _____

Name and Phone # of child's dentist _____

Allergies (Food, Medicines, Insects, etc.) _____

Please attach: **A copy of immunization record - must have Physician's/Health Unit Stamp**
 Birth Certificate
 Proof of Medical Insurance

Childhood Diseases _____

Has your child ever had seizures? Yes No If yes, please give brief description: _____

List any limitations: _____

Give a description of your child's personality.

