

Registration Fee
 \$75 SBC Members/Current Families
 \$90 New Families

Shiloh Baptist Church Preschool Registration Form 2020-2021

Payment : _____
 Amount : _____
 Date Enrolled: _____

Registration Fee is *non-refundable* and must accompany this registration form.

Child's Full Name _____
First
Middle
Last

Gender: (Pick One) Male Female

Home Phone Number _____ Enrolling in: (class) _____

Date of Birth: _____ Age on August 31 (of this year) _____

Mailing Address _____

City
State
Zip Code

Father's Name _____
 Place of Employment _____
 Business Phone (____) _____
 Cell Phone () _____
 Email _____

Mother's Name _____
 Place of Employment _____
 Business Phone () _____
 Cell Phone () _____
 Email _____

Are both parents living in the home? If not, with whom does the child live?

List of siblings	Age	Do they live with the child?

Has your child had previous experience in preschool or a childcare facility?

Special Instructions or information _____

Does your family attend a church (if so, where)? _____

How did you hear about us? _____

Security Information- List those persons with permission to pick up your child.

Name	Phone Number	Relationship

Is there anyone that should not pick up your child? _____

Is there any custody arrangements of which the leaders should be aware? _____

In the case of an emergency, and a parent/guardian cannot be reached, please list 2 additional contacts below.

Name	Phone Number	Alternate Phone	Relationship

Please explain any specific health conditions, allergies or medications your child might be taking:

Name of Primary Care Physician _____ Phone _____

Name of Dentist _____ Phone _____

Hospital Preference _____

Please Check appropriate line below:

_____ The participant named above **IS NOT** covered under health care/medical insurance.

_____ The participant named above **IS** covered under health care/medical insurance.

(Please attach a copy of insurance card to this form)

I give consent for any and all treatment deemed necessary by the attending physician or his/her associates.

Parent/Guardian Signature _____ Date _____

Please include a copy of your child's *immunization records and health insurance card* with this form!

Without immunization records on file, your child is not permitted to attend per our SBCP health policy. All immunizations must be current and up to date. No exemptions are accepted.