

## TABERNACLE BAPTIST PRESCHOOL REGISTRATION INFORMATION

Child's Name \_\_\_\_\_ Name Called \_\_\_\_\_ Teacher \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_ # of Days 2 3 5  
 Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ As of Sept. 1<sup>st</sup>, 2017 child's age will be \_\_\_\_\_  
 Has child previously attended Tabernacle Baptist Preschool? \_\_\_\_\_ At what ages? \_\_\_\_\_  
 Family Email Address \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Work phone \_\_\_\_\_  
 Work address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_  
 Church Membership \_\_\_\_\_ Location \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Work phone \_\_\_\_\_  
 Work address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_  
 Church Membership \_\_\_\_\_ Location \_\_\_\_\_

**DOCTOR'S NAME:** \_\_\_\_\_ **DOCTOR'S PHONE** \_\_\_\_\_  
**DOCTOR'S ADDRESS:** \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

**EMERGENCY CONTACT(S)/ PERSON(S) TO WHOM CHILD MAY BE RELEASED** (other than parent)  
 My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

Name	Relationship to child	Phone number	Address	City	Zip code

*(May attach extra page to list additional emergency contacts)*

### Emergency Medical Authorization

**Should my child, \_\_\_\_\_, suffer an injury or illness while in the care of Tabernacle Baptist Preschool and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.**

**Known Medical conditions (diabetic, asthmatic, allergies, etc)** \_\_\_\_\_

**Plan of Action:** \_\_\_\_\_

- Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; Rx number (if any); dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.
- I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur: phone numbers, address, emergency contacts, child's health status, immunization records, etc.
- The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

**(Continued on back)**

## Lunch Bunch Parental Agreement

Will child be staying in Lunch Bunch on Regular Basis \_\_\_\_\_ or Drop-in Basis \_\_\_\_\_  
TBP Lunch Bunch agrees to provide care for \_\_\_\_\_, \_\_\_\_\_ days a week 12 noon until 3:30 p.m.  
from Sept. to May. I understand that my child may be grouped with children who are 2, 3, 4, and/or 5 years of age.  
On days of inclement weather, my child has permission to play in the indoor playground and/or gym for no more  
than 45 minutes.

**I agree to abide by the policies and procedures of Tabernacle Baptist Preschool.**

## Video, Photograph Release

Many activities at Tabernacle Baptist Preschool provide opportunities for the staff, the children, and their families  
to be photographed or videotaped. Sometimes these videos and/or photos are used in our newsletter, in  
advertisements and stories in our local newspapers, in our slide show presentations and/or or church's web page/  
preschool Facebook page. We will not release child's name.

As the parent or guardian,

I do \_\_\_\_\_ I do not \_\_\_\_\_

give my permission for my child \_\_\_\_\_, to appear on a video or photograph to be used  
in our preschool newsletter, in advertisements and stories in our local newspapers or in our slide show  
presentations.

As the parent or guardian,

I do \_\_\_\_\_ I do not \_\_\_\_\_

give my permission for my child \_\_\_\_\_, to appear on the Tabernacle Baptist Church web page  
in the preschool section and on Tabernacle Preschool's Facebook page.

## Address and Phone Number Release

Sometimes a parent may request phone numbers and addresses of the classmates in their child's room for birthday  
parties, to coordinate parties in the child's room etc. I give my permission to release this information  
understanding that personal information will NEVER be given over the phone.

As the parent or guardian,

I do \_\_\_\_\_ I do not \_\_\_\_\_

give my permission for my address and phone number according to the statement above.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/Guardian)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Director)

Registration fee is non-refundable (amount and check number): \_\_\_\_\_

## Preschool Information Form

Child's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Siblings (Include ages) \_\_\_\_\_

**History of serious illness or medical condition (if any)** \_\_\_\_\_

**History of any allergies (if any)** \_\_\_\_\_

**If your child is allergic to any foods please specify what your child can and cannot have:** \_\_\_\_\_

**What is your plan of action when your child comes in contact with the allergen?** \_\_\_\_\_

**Does your child receive any medications on a regular basis?** \_\_\_\_\_

**If your child has any medical conditions or allergies, is there anything TBP needs to be aware of in order to help your child have a safe and happy experience at preschool?** \_\_\_\_\_

What are the ages and sexes of the children with whom your child has played most during the past year?  
\_\_\_\_\_

In what setting? (Home, neighborhood, church, daycare, etc.) \_\_\_\_\_

How well does your child interact with other children? \_\_\_\_\_

Tell us about the following:

Sleep habits (nap, Hours of sleep per night, bedtime) \_\_\_\_\_

Eating habits \_\_\_\_\_

Fears (how are they handled?) \_\_\_\_\_

Behavior habits (nail biting, thumb sucking, biting, tantrums, etc.) \_\_\_\_\_

Any other information that would be beneficial to us \_\_\_\_\_

Your child's favorite: \_\_\_\_\_

play activities, games, toys \_\_\_\_\_

TV Programs \_\_\_\_\_

Books and Stories \_\_\_\_\_

Activities to enjoy with his/her parent(s) or family \_\_\_\_\_

Family Pets: (list by type and name) \_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

Do you read to your child? \_\_\_\_\_ How often? \_\_\_\_\_

Let us know of any ways you would like to be involved with the Preschool (Volunteer, Substitute teacher, share a special talent or interest with a class, other) \_\_\_\_\_