

BETHLEHEM CHILD DEVELOPMENT CENTER
A MINISTRY OF BETHLEHEM BAPTIST CHURCH
416 BETHLEHEM ROAD
MIDLAND CITY, AL 36350
334-673-4980

Child Admission Record

Child's Full Name: _____ Date of Birth: _____
Name Child is known by: _____ Home Phone: _____
Address: _____

Father's Name: _____
Address (If different from above): _____
Place of Employment: _____
Work Phone: _____ Ext: _____ Cell Phone: _____

Mother's Name: _____
Address (If different from above): _____
Place of Employment: _____
Work Phone: _____ Ext: _____ Cell Phone: _____

Parent's Marital Status: Married Divorced
Custody Information: _____

In case of an emergency, should the parents not be able to be reached, who is to be called?
Name: _____ Relationship to Child: _____
Address (If different from above): _____
Place of Employment: _____
Work Phone: _____ Ext: _____ Cell Phone: _____

Name: _____ Relationship to Child: _____
Address (If different from above): _____
Place of Employment: _____
Work Phone: _____ Ext: _____ Cell Phone: _____

Please list the names of those persons with permission to pick up your child.

	Name	Phone	Relationship to Child
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

This section to be completed if your child is enrolled in our After School Program:

School Attending: _____
Bus Number: _____