

Kingdom Kids at Blackwelder Park Baptist Church
Enrollment Form

Date _____

____ 1-year-old class

____ 2-year-old class

____ 3-year-old class

____ 4-year-old class

Child's Name _____ Birthday _____ Sex _____

Address _____

Phone _____

Parent's Relationship to Each Other: ____ Married ____ Divorced ____ Separated ____ Single
(If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc. must accompany this form)

Child lives with: ____ Mother & Father ____ Mother ____ Father Other _____

Mother's Name _____ Driver's License _____

Home Address _____ Phone _____

Occupation _____ Employer _____

Work Phone _____ Cell _____

Father's Name _____ Driver's License _____

Home Address _____ Phone _____

Occupation _____ Employer _____

Work Phone _____ Cell _____

Mother's email _____ Father's email _____

Church Membership _____ Attend regular/seldom/never

Parent's Signature _____ **Date** _____

Health/ Development of Child

1. Significant illnesses and surgeries child have had (give age at time): _____

2. Any special health-related needs of child (allergies, medications, injuries, etc.): _____

3. Are there any conditions of vision, hearing or speech of which the program should be aware, or could compensate for by appropriate action? _____

4. Is this child subject to any conditions, which limits classroom activities or physical education?

5. Does your child attend/receive any type of therapy/services (speech, occupational, behavioral, etc.)

6. Do you have any concerns with your child's age appropriate development? _____

7. Does your child attend other group activities? If so please list. (Sunday School, sports, dance, etc.)

8. Is child potty trained? If yes, are they fully independent or will they need assistance.

Parent's signature _____ **Date** _____

List at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Name _____ Relationship to child _____

Address _____ Driver's License _____

City _____ State _____ Zip _____

Work phone _____ Home Phone _____ Mobile _____

Parent's signature _____ **Date** _____

Release of child:

I authorize that my child, _____, be released by Kingdom Kids at Blackwelder Park Early Education Program to the following persons, in addition to those already listed on this form. Any changes in who may pick your child up must be in writing.

1. Name _____ Relationship to child _____

Address _____

Phone _____ Mobile Phone _____

2. Name _____ Relationship to child _____

Address _____

Phone _____ Mobile Phone _____

Parent's signature _____ **Date** _____

