

# FAITH BAPTIST CHILD CARE CENTER

## Application

Date of Registration \_\_\_\_\_

Date Entered \_\_\_\_\_

### CHILD INFORMATION

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: **M/F** DOB \_\_\_/\_\_\_/\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Home Telephone Emergency Telephone Social Security #

Status: (Check one)  First time in childcare  Transferring (name and address of childcare facility)

\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_

### FAMILY INFORMATION

**Father:** \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

**Mother:** \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

**Marital Status:**  Married  Divorced  Separated  Widowed  Other

Who has legal custody of the child? \_\_\_\_\_

<p>How did you hear about us? (Please check all that apply)</p> <p><input type="checkbox"/> Faith Baptist Church member</p> <p><input type="checkbox"/> Telephone Book</p> <p><input type="checkbox"/> Newspaper Ad</p> <p><input type="checkbox"/> Direct Mailing</p> <p><input type="checkbox"/> Internet</p> <p><input type="checkbox"/> Other - Please specify: _____</p>
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**Religious Affiliation**

FBCC accepts students from all religious, ethnic, and socio-economic backgrounds with the understanding and agreement that parents allow their child to be taught according to the Biblical principles reflected in the Faith Baptist Church Statement of Faith. We believe that family involvement in a church is essential in raising children according to Biblical standards.

Church Attending: \_\_\_\_\_ Pastor: \_\_\_\_\_

ALLERGIES OR SPECIAL NEEDS

List any allergies or special needs of your child (in detail). \_\_\_\_\_

\_\_\_\_\_

EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

PICK UP LIST

Persons authorized to take your child from the childcare center:

**Name:** \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

**Name:** \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

**Name:** \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

**Name:** \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_