

Harlem Baptist Church Preschool

Child Enrollment Form

Entrance Date: _____	Withdrawal Date: _____
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Child's Name: _____ Sex _____ Age _____ Date of birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number _____

Father's Name _____ Cell Phone Number _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____

City _____ State _____ Zip _____

Mother's Name _____ Cell Phone Number _____

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone _____

Employer's Street Address _____

City _____ State _____ Zip _____

Child's Living Arrangements: (check one) Both Parents Mother Father Other

Child's Legal Guardians: (check one) Both Parents Mother Father Other

This child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____
(street, city, state, zip)
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____
Other identifying information (if any) _____

*Name _____ Address _____
(street, city, state, zip)
Telephone Number _____ Relationship to child _____
Relationship to Parent(s) or Guardian _____
Other identifying information (if any) _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name of Public or Private School child attends, if any: _____

Child's doctor or clinic name: _____

My child has the following special needs: _____

The following special accomodation(s) may be required to most effectively meet my child's needs while at HBP: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____
suffer an injury or illness while in the care of (Facility name) _____
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.

Parent/Guardian: _____

Signature

Date: _____

Facility Administrator/Person-In-Charge: _____

Signature

Date: _____