Tulip Grove Baptist Church Mother's Day Out 2021-2022 Registration Form

 $\$60.00 \, \underline{\text{non-refundable}}$ registration fee must be attached to this form to complete registration.

Cash	Ck#_	PP	Date of Application		
Applying For: Monday/Wednesday Program					
Tuesday/Thursday Program					
Child's I	Full Name	2	Preferred Name		
Birthday	(M/D/Y)		Male or Female (please circle one)		
Home A	ddress				
Mom's I	Phone		_ Dad's Phone		
E-Mail Address					
Parent Information					
Mother's	s Name _		Father's Name		
Address: (if different from child's address)					
Employe	er		Employer		
Work Ph	none		Work Phone		
Church A	Affiliation	1	Church Affiliation		
Background Information					
Please list child's allergies					
Previous preschool(s) attended					
Sibling's name(s) and age(s)					
Please explain any health concerns that may affect your child's daily routine					
Do you have any special classroom requests?					

Emergency Information

Persons other than parent(s) who can be r	eached in case of an emergency:			
1. Name	Phone			
Relation to child				
2. Name				
Relation to child				
Doctor's Name	Doctor's Phone			
Hospital preference in case of an emerger	ncy			
Transport	cation Plan			
To insure the safety of your child, please	list all other adults and their phone			
numbers to whom your child may be release	ased (or to whom you give authorization			
to provide transportation for your prescho	ooler).			
1. Name	Phone			
2. Name	Phone			
3. Name	Phone			
D				
Please read and sign:				
I acknowledge that I have received a copy of the Policies and Procedures of Tulip				
Grove Baptist Preschool. I have read the Policies and Procedures and agree to				
abide by those policies and procedures if my child is enrolled in Tulip Grove				
Baptist Church Preschool.				
*Signature				
Date				
*signature does not guarantee enrollment	in the Mothers Day Out/Preschool			
program				