

First Baptist Child Development Center

**2019-2020 School Year
2104 W. Louisiana
Midland, Texas 79701**

**Phone: 683-0638
683-0639
Fax: 640-0250**

Please complete this form and return it to the CDC Director at First Baptist Church, along with a \$125.00 non-refundable registration fee.

I wish to enroll my child in the following program(s): (AM snack, Lunch, and PM snack provided when in attendance)

- | | |
|---|---|
| <input type="checkbox"/> 5 day Three-Year-Old (M-F, 8:30 a.m.-11:30 a.m.) | <input type="checkbox"/> Day Care Early (M-F, 7:00 a.m.-8:25 a.m.) |
| <input type="checkbox"/> 5 day Four-Year-Old (M-F, 8:30 a.m.-11:30 a.m.) | <input type="checkbox"/> Day Care (M-F, 11:30 a.m.- 5:30 p.m.) |
| <input type="checkbox"/> 5 day Kindergarten (M-F, 8:30 a.m.-2:30 p.m.) | <input type="checkbox"/> Day Care Kindergarten (M-F, 2:30 p.m.-5:30 p.m.) |

Date of Admission _____ Withdrawal _____ Director _____
Enrollment Information

Child's Name	Date of Birth	Sex
Child's Address	Zip	Child's Home Telephone
Father/Guardian's Name	Address if Different	Employer
E-mail Address:		Work Number: Cell Number: Provider (Ex. AT&T) :
Mother's Name	Address if Different	Employer
E-mail Address:		Work Number: Cell Number: Provider (Ex. AT&T) :
Give names of persons to call in case of emergency if parent/guardian cannot be reached and who are authorized to leave the CDC with the child		
Name, relation, address and phone number (put any additional contacts info can be added on the back of form)		
1.		
2.		
List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during that past 12 months, any medication prescribed for long-term continuous use, and other information which staff should be aware of:		
If none , please check here _____		

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Name of Licensed Physician	Address	Telephone
Name of hospital or clinic	Address	Telephone
I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic		X _____ Signature of Parent or Guardian

**I HEREBY GIVE DO NOT GIVE MY CONSENT FOR FIELD TRIPS
I HEREBY GIVE DO NOT GIVE MY CONSENT FOR MY CHILD TO BE TRANSPORTED AND SUPERVISED BY STAFF.**

Church Affiliation:

Attends First Baptist, Midland _____ Attends another church: Yes _____ NO _____ Where _____

Signature of Parent or Legal Guardian X _____ Date _____

The First Baptist Development Center does not discriminate due to race, religion, color, or creed.