

\$150.00 registration fee nonrefundable, regardless of the reason, payable when registering

# North Trenholm Baptist Church Weekday Education

6515 North Trenholm Road, 29206 803-790-5104

## Weekday Registration Form

For office use only:	
Date enrolled	_____
Registration paid	_____
SC Cert of Immun	_____
Age Level	_____
Days per wk	_____
Teacher	_____

Full Name of Child \_\_\_\_\_ Name called \_\_\_\_\_

Male or Female (Circle) \_\_\_\_\_ Email address: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Home  
Tel \_\_\_\_\_

Child's Age (on August 31) \_\_\_\_\_ Birthdate \_\_\_\_\_ Days per week enrolled \_\_\_\_\_

Father's Name \_\_\_\_\_ Employment \_\_\_\_\_ Tel \_\_\_\_\_

Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employment \_\_\_\_\_ Cell \_\_\_\_\_ Tel \_\_\_\_\_

Parent Status: Father: Living in home \_\_\_\_\_ Divorced \_\_\_\_\_ Deceased \_\_\_\_\_  
Mother: Living in home \_\_\_\_\_ Divorced \_\_\_\_\_ Deceased \_\_\_\_\_

Custody: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Siblings: Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

**EMERGENCY:** If parents cannot be located, in case of illness or accident notify: **(form will not be accepted without this).**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Work \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Work \_\_\_\_\_

If the above listed contact is also unavailable, I hereby give permission to our family physician (or doctor on call) to hospitalize, secure proper treatment, anesthesia, or surgery for my child.

Physician \_\_\_\_\_ Address \_\_\_\_\_ Tel \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Id/Group Number \_\_\_\_\_

Dentist \_\_\_\_\_ Address \_\_\_\_\_ Tel \_\_\_\_\_

Has child previously attended preschool? \_\_\_\_\_ Place \_\_\_\_\_

Do you plan to use Extended Care? List days per week \_\_\_\_\_ or Occasionally \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Local Church Membership \_\_\_\_\_

Permission for North Trenholm Baptist Church to contact you. Yes \_\_\_\_\_ No \_\_\_\_\_

Toilet habits, is child trained? \_\_\_\_\_ Condition of child's general health \_\_\_\_\_

**(It is the policy of the weekday that all children entering the 3-year old classes are able to use the restroom independently.)**

List any known allergy your child has \_\_\_\_\_ Reaction: \_\_\_\_\_

Other medical, physical, emotional or developmental needs the Director needs to be aware of: \_\_\_\_\_

The following may pick up my child \_\_\_\_\_

**By registering your child and accepting a space at NTBC Weekday, you are agreeing to abide by the policies specified in procedure handbook, as well as use of photos in the Weekday program and Church publications.**

Director of Weekday Education Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_