

**Parent/Guardian Information**

Registration Date: \_\_\_\_\_

**Mother/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Mother's SS#: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed

**Father/Guardian** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Custodial Parent (If married, mark both parents) Father's SS#: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed

May we take and maintain a photo of your child(ren) for security and promotional purposes?  Yes  No

**Tuition / Payment Information:**

Weekly Tuition Amount: \_\_\_\_\_  Personal Check  Direct Draft (contact the office for routing info)

**2010-2011 weekly rates:** infant \$215 1yr old \$205 2yr old \$195 3yr old \$185 4yr old \$175

**2010-2011 Mon./Wed./Fri. rates:** infant NA 1yr old \$123 2yr old \$117 3yr old \$111 4yr old \$105

**2010-2011 Tues./Thurs. rates:** infant NA 1yr old \$82 2yr old \$78 3yr old \$74 4yr old \$70

Please outline below whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Child Information**

**1<sup>st</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Age (as of Aug. 1): \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Child's S.S. #: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

**2<sup>nd</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Age (as of Aug. 1): \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Child's S.S. #: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

**3<sup>rd</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Age (as of Aug. 1): \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Child's S.S. #: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

**4<sup>th</sup> Child** First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Age (as of Aug. 1): \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Child's S.S. #: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

**Emergency Contacts & Authorized Pickup Persons:**

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to the Child: \_\_\_\_\_

**2<sup>nd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to the Child: \_\_\_\_\_

**3<sup>rd</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to the Child: \_\_\_\_\_

**4<sup>th</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to the Child: \_\_\_\_\_

**Additional Comments & Information:**

Is there is any other information that that would be helpful to our management and teaching staff?

\_\_\_\_\_  
\_\_\_\_\_

**Signature:**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide at least 2 weeks notice if you intend to withdraw your child from our program.

**Make remittance to:**  
Central Baptist Preschool  
11109 Poole Rd.  
Wendell, NC 27591  
P: 919-365-6547  
F: P: 919-365-0160