

**LIGHTHOUSE PART-DAY PRESCHOOL  
ENROLLMENT FORM  
FIRST BAPTIST CHURCH MASCOUTAH**

<b>Child's Name:</b>	Sex:	Birth Date:	Home Phone:
Street Address:	City:		Zip:
<b>Mother's Name:</b>	Emergency Contact: <input type="checkbox"/> Primary <input type="checkbox"/> Alternate Authorized to pick up Child: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer & Address:			Work Phone:
<b>Father's Name:</b>	Emergency Contact: <input type="checkbox"/> Primary <input type="checkbox"/> Alternate Authorized to pick up Child: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer & Address:			Work Phone:
Mother's Cell Phone:		Father's Cell Phone:	
Email Address:	<b>Preschool Group Requested:</b> <input type="checkbox"/> 2-Day – 3 years old <input type="checkbox"/> 3-Day – 4 years old		
Religious Affiliation:	Church Attending:		
Parent's Marital Status: (please circle)    Married        Single        Divorced			
If divorced, does the non-custodial parent have visitation privileges? (please circle)    Yes    or    No			
<b><u>PICK UP POLICY</u></b>			
One of the persons listed below must be available at any time during the school session when a parent or the legal guardian of a child is not available. <b>By listing a person below, you are giving your permission for that person to take custody of your child.</b> Release of children will be restricted to persons authorized by the child's parent(s) or guardian. The staff will only release a child to the primary or contingency persons whose names are provided to the school during the enrollment process. Even if listed below, persons not known to the facility staff will be required to present identification before taking custody of a child. When a child is released to a contingency person, that release will be documented, to include the name of the contingent person, the name of the child, the manner by which the child left the facility, and the time the child left the facility. <b>Please provide 2 emergency contacts below – this is mandatory.</b>			
Name:			Phone:
Address:			Relationship:
Name:			Phone:
Address:			Relationship:
In case of illness or injury of my child while under the care and supervision of the First Baptist Church of Mascoutah Part Day Lighthouse Preschool Ministry, I, the undersigned, give my consent to the church staff to obtain emergency medical care from a hospital if I cannot be reached immediately. I understand that I will be notified immediately and that a church employee will remain with my child until a parent arrives. I also assume all responsibility for any financial obligation that may be incurred on behalf of my child and will not hold the church, Preschool program, or any employee liable as they provide care for my child.			
My hospital preference is _____			
Signed _____			

**Child's Health Record**

**Required Immunizations**

Before admission to First Baptist Church's Lighthouse Preschool, children are required to be current on all immunizations as recommended by the American Pediatrics Association. Please provide a copy of your child's shot record, signed by your doctor.

**Allergies**

Drug/Medication Allergies:

Reaction:

Food Allergies:

Reaction:

**General Medical Information**

Is the child currently free from communicable disease?

Is the child regularly receiving prescribed medication?

Type:

Please give any special concerns you have regarding your child's health and care while at Preschool.

**Permission Statements**

1. I grant permission for my son/daughter to have his/her image published on our church/school website:  
 Yes     No

2. I grant permission for my son/daughter to have his/her image and name published in the local newspaper and other print media:  
 Yes     No

The above information is correct as of this date.

Parent Signature

Date

Received Handbook: (please initial)

**For Director Use**

Registration Date:

Group Assignment

Registration Fee Paid: