

\$175.00 registration fee for church members, \$200.00 for non-church members -- 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 _____
Birth Certificate _____
Age Level _____
Days per wk _____
Teacher _____

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

Male or Female (Circle) Child's Age on August 31 \_\_\_\_\_ Birthdate \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Days per week enrolled \_\_\_\_\_

Father's Name \_\_\_\_\_ Cel \_\_\_\_\_ Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cel \_\_\_\_\_ Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

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 \_\_\_\_\_

Check "No" if you want to opt out of communications from North Trenholm Baptist Church. No \_\_\_\_\_

Is child potty 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