

**SMBC EARLY LEARNING CENTER & KINDERGARTEN
REGISTRATION FORM
2020-2021**

Child's Name: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Preferred Name: _____	
Address: _____ City: _____ Zip: _____	
Date of Birth: _____ Age as of 9/1/20: _____ Home Phone: _____	
Has your child had previous experience away from home? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Returning Student: YES or NO Primary Language: _____	

Father's Name: _____
Place of Employment: _____ Work Phone: _____
Email Address: _____ Cell Phone: _____
(Print Clearly) Cell Carrier: _____

Mother's Name: _____
Place of Employment: _____ Work Phone: _____
Email Address: _____ Cell Phone: _____
(Print Clearly) Cell Carrier: _____

Siblings names & ages: _____
Previous Program Attended: _____
Religious or Church Affiliation: _____

Registration Information	
Class 1 st Choice: ___ 2 days (TTh)	Class 2 nd Choice: ___ 2 days (TTh)
___ 3 days (TWTh)	___ 3 days (TWTh)
___ 4 days (M-Th, 4yo)	___ 4 days (M-Th, 4yo)
___ 5 days (M-F)	___ 5 days (M-F)
___ Kindergarten (M-F)	___ Kindergarten (M-F)
Registration Fee paid: _____ Date Paid: _____	

Immunizations are required – Form is due prior to 1st day of school
Are your child's immunizations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No

MEDICAL INFORMATION

Does child have any known health, behavior and/or developmental concerns?

Yes No (Use back of sheet if needed)

Please list any significant injuries child has had that we need to know about:

Does your child have any known allergies? Yes No

If yes, what are they and what are your child's reactions:

Does your child take any medication on a regular basis? Yes No

If yes, please list the name of the medication(s) and the medical condition for which it is taken:

Please comment on any other medical information/ or special need the child care provider should be aware of:

AUTHORIZATIONS other than Parents

Name: _____ Relation: _____
Cell Phone: _____ Email: _____
Emergency Contact: Text Email OK to pick up child

Name: _____ Relation: _____
Cell Phone: _____ Email: _____
Emergency Contact: Text Email OK to pick up child

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Cell Phone: _____ Email: _____
Emergency Contact: Text Email OK to pick up child

Name: _____ Relation: _____
Cell Phone: _____ Email: _____
Emergency Contact: Text Email OK to pick up child

MISCELLANEOUS RELEASES

Address List Release (for Birthday parties, Class parties, etc.):

_____ Yes, I would like my child's name, address, and phone number to be given to other parents in my child's class. (Parents' names will also appear.)

_____ No, I would not like my child's name, address, and phone number to be given to other parents in my child's class.

Parent's Signature: _____

Email Release:

_____ Yes, I will share my email address with other parents in my child's class

_____ No, I do not want to share my email.

Parent's Signature: _____

Photography Release:

_____ Yes, I acknowledge that my child's photograph(s) may be used by the Early Learning Center or Shades Mountain Baptist Church, in its sole discretion, in regards to publications, videos, website, and all social media including, but not limited to, Facebook, Twitter, and Blogs.

_____ No, I do not want my child's photograph(s) used in any way.

Parent's Signature: _____