

**SMBC EARLY LEARNING CENTER & KINDERGARTEN  
REGISTRATION FORM  
2016-2017**

Child's Name: \_\_\_\_\_  Male  Female  
Days Preferred: 2 days (T Th) 3 days (TWTh) 4 days (MTWTh) 5 days (M-F) Kindergarten (M-F)  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age as of 9/1/16: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Has your child had previous experience away from home?  Yes  No  
Returning Student: YES or NO Primary Language: \_\_\_\_\_  
Registration Fee paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Check if address is the same as student's address  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Check if address is the same as student's address  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Names and ages of other children in family:  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_

Previous Program Attended: \_\_\_\_\_  
Religious or Church Affiliation: \_\_\_\_\_

## MEDICAL INFORMATION

Are your child's immunizations up to date?  Yes  No

*Blue Immunization Form will be due prior to First Day of School*

Does child have any known health problems?  Yes  No (If yes attach documentation)

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

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Does your child have any known allergies?  Yes  No If yes, what are they and what are your child's reactions: \_\_\_\_\_

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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:

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Do you have any concerns about your child's development? Yes ( ) No ( ) If yes please comment: \_\_\_\_\_

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

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## 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

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

## 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: \_\_\_\_\_

### 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: \_\_\_\_\_