



Bethany Baptist Weekday Preschool
 4 North Bethany Road • McDonough, GA 30252
 770.898.3914 • Fax 770.957.1457
 www.bethanypreschool.com

REGISTRATION FORM

Child's Name: _____, _____, _____

Name Child Goes By: _____

Male ___ Female ___ Date of Birth: ____/____/____

Home Address: _____

Home Phone: () _____ - _____

Email Address: _____

Father's Name: _____

Father's Employer: _____

Father's Work Phone: _____

Father's Cell Phone: _____

Mother's Name: _____

Mother's Employer: _____

Mother's Work Phone: _____

Mother's Cell Phone: _____

Child's Living Arrangements: ()Both Parents ()Mother
 ()Father ()Other

Church Family Attends: _____

List Siblings/Ages: _____

Other Living in Their Home: _____

Is Your Child Completely Potty Trained: ()Yes ()No
 If So, What Word Does Your Child Use: _____

List Any Ongoing Health Problems That Your Child May
 Experience: _____

List Any Specific Fears: _____

List Any Pets or Other Information You Feel We Should Know
 That Would Make Your Child Feel More Comfortable: _____

List any Medications That Your Child Takes on a Continual
 Basis: _____

Does Your Child Have Allergies To: ()Food ()Insects
 () Medications () Animals ()Other: _____

Please Explain Any Checked Answer: _____

Child's Pediatrician: _____

Pediatrician Phone: _____

Hospital Reference: _____

EMERGENCY INFORMATION

A Parent or Someone Who Has Parental Authorization to Pick
 Up Your Child **MUST BE AVAILABLE AT ALL TIMES** In
 Case of Illness or Emergency.

In Case of Illness or Emergency, Notify: (Other Than Parents)

1) _____ Relationship: _____

Phone: _____ Cell: _____

2) _____ Relationship: _____

Phone: _____ Cell: _____

3) _____ Relationship: _____

Phone: _____ Cell: _____

Persons (Other Than Parents) Authorized to Pick Up Your
 Child If You Inform Us in Advance:

1) _____ Drivers License#: _____

2) _____ Drivers License#: _____

3) _____ Drivers License#: _____

MEDICAL RELEASE

We, the parents of _____ do
 hereby relieve Bethany Baptist Church and all workers in the
 Bethany Baptist Preschool from any liability or fault due to
 any accident or illness that may occur to said child while said
 child is in attendance of the program. Be it further agreed that
 said parents give any and all workers in charge on that day that
 said child is in attendance, permission to grant to any and all
 medical personnel the right to treat said child for any accident
 or illness in the absence of said parents, and that said parents
 do hereby relieve any and all workers of Bethany Baptist
 Preschool program of any liability in connection with the
 medical treatment to said child.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

(Please see other side)