

\$225 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