

TABERNACLE BAPTIST PRESCHOOL REGISTRATION INFORMATION

Child's Name _____ Name Called _____ Teacher _____
 Address _____ City _____ Zip code _____ # of Days 2 3 5
 Date of Birth _____ Sex _____ As of Sept. 1st, 2019 child's age will be _____
 Has child previously attended Tabernacle Baptist Preschool? _____ At what ages? _____
 Family Email Address _____

MOTHER'S NAME _____ Marital Status _____
 Address _____ City _____ Zip code _____
 Phone _____
 Place of Employment _____ Work phone _____
 Work address _____ City _____ Zip code _____
 Church Membership _____ Location _____

FATHER'S NAME _____ Marital Status _____
 Address _____ City _____ Zip code _____
 Phone _____
 Place of Employment _____ Work phone _____
 Work address _____ City _____ Zip code _____
 Church Membership _____ Location _____

DOCTOR'S NAME: _____ **DOCTOR'S PHONE** _____
DOCTOR'S ADDRESS: _____ City _____ Zip code _____

EMERGENCY CONTACT(S)/ PERSON(S) TO WHOM CHILD MAY BE RELEASED (other than parent)
 My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

Name	Relationship to child	Phone number	Address	City	Zip code

(May attach extra page to list additional emergency contacts)

Emergency Medical Authorization

Should my child, _____, suffer an injury or illness while in the care of Tabernacle Baptist Preschool and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Known Medical conditions (diabetic, asthmatic, allergies, etc) _____

Plan of Action: _____

- Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; Rx number (if any); dosage; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.
- I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur: phone numbers, address, emergency contacts, child's health status, immunization records, etc.
- The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

Lunch Bunch Parental Agreement

(Not available for children in Preschool Babies or Toddlers Rooms.)

Will child be staying in Lunch Bunch on Regular Basis _____ or Drop-in Basis _____
TBP Lunch Bunch agrees to provide care for _____, _____ days a week 12 noon until 3:30 p.m.
from Sept. to May. I understand that my child may be grouped with children who are 2, 3, 4, and/or 5 years of age.
On days of inclement weather, my child has permission to play in the indoor playground and/or gym for no more
than 45 minutes. Children must be toilet trained.

I agree to abide by the policies and procedures of Tabernacle Baptist Preschool.

Video, Photograph Release

Many activities at Tabernacle Baptist Preschool provide opportunities for the staff, the children, and their families to be photographed or videotaped. Sometimes these videos and/or photos are used in our newsletter, in advertisements and stories in our local newspapers, in our slide show presentations and/or or church's web page/ preschool Facebook page. We will not release child's name.

As the parent or guardian,

I do _____ I do not _____

give my permission for my child _____, to appear on a video or photograph to be used in our preschool newsletter, in advertisements and stories in our local newspapers or in our slide show presentations.

As the parent or guardian,

I do _____ I do not _____

give my permission for my child _____, to appear on the Tabernacle Baptist Church web page in the preschool section and on Tabernacle Preschool's Facebook page.

Address and Phone Number Release

Sometimes a parent may request phone numbers and addresses of the classmates in their child's room for birthday parties, to coordinate parties in the child's room etc. I give my permission to release this information understanding that personal information will NEVER be given over the phone.

As the parent or guardian,

I do _____ I do not _____

give my permission for my address and phone number according to the statement above.

Signed _____ Date _____
(Parent/Guardian)

Signed _____ Date _____
(Director)

Registration fee is non-refundable (amount and check number): _____

Preschool Information Form

Child's Name _____ Phone _____

Address _____

Mother's Name _____ Father's Name _____

Siblings (Include ages) _____

History of serious illness or medical condition (if any) _____

History of any allergies (if any) _____

If your child is allergic to any foods please specify what your child can and cannot have: _____

What is your plan of action when your child comes in contact with the allergen? _____

Does your child receive any medications on a regular basis? _____

If your child has any medical conditions or allergies, is there anything TBP needs to be aware of in order to help your child have a safe and happy experience at preschool? _____

What are the ages and sexes of the children with whom your child has played most during the past year?

In what setting? (Home, neighborhood, church, daycare, etc.) _____

How well does your child interact with other children? _____

Tell us about the following:

Sleep habits (nap, Hours of sleep per night, bedtime) _____

Eating habits _____

Fears (how are they handled?) _____

Behavior habits (nail biting, thumb sucking, biting, tantrums, etc.) _____

Any other information that would be beneficial to us _____

Your child's favorite: _____

play activities, games, toys _____

TV Programs _____

Books and Stories _____

Activities to enjoy with his/her parent(s) or family _____

Family Pets: (list by type and name) _____

How do you discipline your child? _____

Do you read to your child? _____ How often? _____

Let us know of any ways you would like to be involved with the Preschool (Volunteer, Substitute teacher, share a special talent or interest with a class, other) _____