



Dallas Bay Baptist Church
8305 Daisy Dallas Road/Hixson, TN 37343/ Phone 842-9299 ext. 317

Registration of Classes

REGISTRATION OF CLASSES

Registration Fee (enclose with application) \$30 Date paid _____

Activity/Supply Fee \$50 Date paid _____

TUESDAY/THURSDAY PROGRAM (6 weeks – Pre-K)

- 9:00 – 1:30 \$110.00 month (2 days per week)
- 9:00 – 2:30 \$130.00 month (2 days per week)
- 9:00 – 1:30 \$55.00 month (1 day per week)
- 9:00 – 2:30 \$65.00 month (1 day per week)

_____ Tuesday or _____ Thursday

Office Use Only:

Child's Name _____ DOB _____ Date Received _____

Dallas Bay Baptist Church Preschool

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THIS FORM IS TO BE COMPLETED BY A LEGAL GUARDIAN ONLY

Application

Date _____ Child's Social Security Number _____

Child's Name _____ ___ Girl ___ Boy

Date of Birth _____ Allergies _____

How did you find out about our program? _____

PARENTS:

Mother's Name _____ Father's Name _____

Home Phone # _____ Who does child live with _____

Address of Child _____

City _____ State _____ Zip _____

Mom's Mobile _____ Father's Mobile _____

Mom's Work # _____ Father's Work # _____

Email Addresses _____

Other siblings and ages

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

EMERGENCY INFORMATION: (In case of an emergency, if family cannot be reached, notify:)

1. Name _____
Relation _____
Address _____
Phone _____

2. _____
Relation _____
Address _____
Phone _____

Child's Doctor _____

Dr. Phone # _____

What serious illness, if any, has your child had?

Submitted copy of current immunization record _____ Yes _____ No _____ Exempt for Religious Purposes

Fears _____

Behavior habits (finger sucking, biting tantrums) _____

Please list your child's strengths/weaknesses _____

Any special skills or hobbies which parents would be willing to share with the program? _____

RELEASE NOTICE

My child can be release to the following people:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

My child cannot be release to the following people

Name _____ Name _____

In the case of an emergency and I cannot be reached, I give permission to transport my child to _____
_____ Hospital and receive care.

I give permission for my child to be photographed or pictures taken and placed on the DBBC webpage or brochures. I also agree that I have been given a copy of DBBC Preschool policies and procedures and agree to follow them accordingly.

Signed: _____ Relation to child: _____