BETHESDA BAPTIST CHILD CARE ENROLLMENT APPLICATION
PLEASE FILL IN COMPLETELY

DATE OF ENROLLMENT ____

CHILD'S NAME _____________________________________ NICKNAME__________________________
BIRTH DATE: _______________________________________ CURRENT AGE: ______ SEX__________
ADDRESS: ____CITY/STATE: ______________________
PHONE NO.____ZIP CODE: ________________________
LOCAL CHURCH HOME:____
DO YOU ACTIVELY ATTEND A LOCAL CHURCH?____
FATHER/GUARDIAN_________________________________HOME PHONE NO._________________
PLACE OF EMPLOYMENT___________________________WORK PHONE NO._________________
ADDRESS:____ CITY/STATE______________________
WORK HOURS:_______________________________________
MOTHER/GUARDIAN________________________________HOME PHONE NO._________________
PLACE OF EMPLOYMENT___________________________WORK PHONE NO_________________
ADDRESS____CITY/STATE________________________
WORK HOURS____
CELL PHONE NO. - FATHER___________________________MOTHER__________________________
PARENT'S MARITAL STATUS: ☐ MARRIED ☐ SINGLE ☐ DIVORCED
IF DIVORCED, WHO HAS LEGAL CUSTODY?____
MAY THE NON-CUSTODIAL PARENT PICK UP THE CHILD?_______________________________
IF YES, **INCLUDE** HIS OR HER NAME IN THE RELEASE SECTION. IF NO, DOCUMENTATION FROM THE COURT IS REQUIRED.
THE CHILD WILL BE RELEASED ONLY TO THE PEOPLE ON THIS APPLICATION AND THE FOLLOWING PERSONS:
NAME: ______________________________ADDRESS________________________PHONE:_____________
CHILD'S PHYSICIAN:________________ADDRESS________________________PHONE:_____________
ANY ALLERGIES OR SPECIAL NEEDS:____
HOSPITAL PREFERENCE (**REQUIRED)**____
EMERGENCY CONTACT OTHER THAN PARENTS (MUST BE WITHIN 30 MINUTES OF DAY CARE)
NAME:_____________________________ADDRESS_________________________PHONE:_____________
NAME:_____________________________ADDRESS_________________________PHONE:______________
IS THE CHILD POTTY TRAINED?_______________
DOES YOUR CHILD HAVE ANY SPECIAL FEARS OR PROBLEMS?_____________________________
HAS YOUR CHILD BEEN CARED FOR BY SOMEONE OTHER THAT PARENTS?______________
IF YES, WHOM?____

PARENT AGREEMENT

- **A LATE FEE WILL BE CHARGED FOR LATE PICK UPS.**
- **I AGREE TO PAY IN ADVANCE EACH WEEK'S TUITION**
- **I AM AWARE THAT A $10.00 LATE FEE WILL BE CHARGED FOR PAYMENTS RECEIVED AFTER TUESDAY.**
- **I AGREE TO PAY A REGISTRATION FEE AT THE TIME OF ENROLLMENT TO BE RENEWED EACH SEPTEMBER**
- **THE REGISTRATION AND TUITION FEE ARE NOT REFUNDABLE.**
- **A TWO WEEK NOTICE IS REQUIRED BEFORE YOUR CHILD LEAVES THE CENTER.**
- **I HAVE RECEIVED AND HAVE READ MY PARENT HANDBOOK, CONTAINING ADDITIONAL POLICIES AND PROCEDURES AND AGREE WITH ALL PROCEDURES AND POLICIES.**

SIGNATURE OF PARENT OR GUARDIAN:____♥SEAL♠

DATE: ____