

IMMANUEL BAPTIST CHURCH
Weekday Early Education Ministry
Registration Form

Child's Full Name _____ Admission Date _____
Name child likes to be called _____
Date of Birth _____ Age _____ Sex _____
Please circle day(s) preferred: Tuesday/Thursday Tuesday only Thursday only

Parent Information

Mother's Name _____	Father's Name _____
Address _____	Address _____
City _____	City _____
Home Phone _____	Home Phone _____
Employer _____	Employer _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
Church Affiliation _____	Church Affiliation _____
With whom does your child live _____	

Transportation Plan

To insure the safety of your child, please list all other adults and phone numbers to whom your child may be released or to whom you give authorization to provide transportation for your child.

1. Name _____ Phone # _____
Cell# _____ Relation to child _____
2. Name _____ Phone # _____
Cell# _____ Relation to child _____
3. Name _____ Phone # _____
Cell# _____ Relation to child _____

We will ask for photo ID at pick up

Code Word _____
When phoning in a request for someone other than those on the authorized list picking up a child the code word will be used.

For administrative use only

Registration fee _____ Shot records _____ Custody papers _____
Date child is enrolled _____ Date child was withdrawn _____
Reason for withdrawal _____
Classroom assigned to _____

Background Information

Previous preschool attended _____
Siblings names and ages _____
How did you hear about IBC’s Weekday Early Education Ministry _____
Does your child have a special comforting item and what is it called _____
Does your child have a pet _____
Does your child have special names for items _____
What is your child’s typical eating patterns _____
Please describe any special diet your child needs _____
What are your child’s regular napping schedule _____
What help does your child need to get dressed _____
Is your child potty trained _____ Does your child need special assistance in
the bathroom _____
How does your child indicate bathroom needs _____

Developmental Information

Does your child have any problems making sounds _____
Does your child have any problems with walking, running, or moving _____
Does your child have any problems seeing _____
Does your child have any problems hearing _____
Does your child have any problems with using their hands (manipulating puzzles, small building
blocks) _____

Social Relationships/Play

What ages are your child’s most frequent playmates _____
Is your child outgoing _____ Aggressive _____ Shy _____ Withdrawn _____
Does your child play well alone _____
What is your child’s favorite toy _____
Is your child frightened by (circle one) Animals _____ Rough children _____ Loud noises _____ The Dark
Storms _____ Anything Else _____
What is the best way to discipline your child excluding physical punishment _____

Is there any other information that you wish to share with us that would assist us in meeting your
child’s needs _____

The above information is true and accurate to the best of my knowledge.

Signature of parent or guardian

Date

Medical Information

Please list any current or past medical conditions we should be aware of _____

Please list food allergies _____

Please list all other allergies we should be aware of _____

How severe _____

Does your child take any medication regularly? _____ If so, when and why _____

Emergency Information

Persons other than parents who can be reached in case of an emergency.

1. Name _____ Home phone _____
Cell phone _____ Work phone _____

2. Name _____ Home phone _____
Cell phone _____ Work phone _____

3. Name _____ Home phone _____
Cell phone _____ Work phone _____

Physician to be called in an emergency

Physician's Name _____

Address _____

Phone _____

I, the undersigned, authorize Immanuel Baptist Church Weekday Early Education Ministry to take what emergency medical measures are deemed necessary for the care and protection of my child enrolled in the Ministry.

Signature of parent or guardian

Date

