

2017-2018 Enrollment Form
Parent's Day Out Program
First Baptist Church Corpus Christi, Texas

Office Use Only

Family Name _____

Immunizations _____

Allergies _____

Registration Date _____

*"And Jesus took the little children in His arms,
put His hands on them and blessed them." Mark 10:16*

Child Information *Need copy of each child's immunization record.*

1st Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Age: _____ Date of Birth _____

Child's Address: _____ Zip Code _____

Gender: () Male () Female

List any existing medical conditions, medication and/or special attention your child may require.

Allergies: _____

Pediatrician's Name: _____ Phone Number () _____

2nd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Date of Birth _____

Child's Address: _____ Zip Code _____

Gender: () Male () Female

List any existing medical conditions, medication and/or special attention your child may require.

Allergies: _____

Pediatrician's Name: _____ Phone Number () _____

3rd Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Date of Birth _____

Child's Address: _____ Zip Code _____

Gender: () Male () Female

List any existing medical conditions, medication and/or special attention your child may require.

Allergies: _____

Pediatrician's Name: _____ Phone Number () _____

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____
 Address: _____ Zip Co _____
 Home Phone: () _____ Cell phone: () _____
 Employed by: _____ Office Phone: () _____
 Email: * _____ Marital Status: _____

Father/Guardian First Name: _____ M.I. _____ Last Name: _____
 Address: _____ Zip Co _____
 Home Phone: () _____ Cell Phone: () _____
 Employed by: _____ Office Phone: () _____
 Email: * _____ Marital Status: _____

* Main communication to parents will be via email.

Please add parentsdayout@firstcorpus.org to your email contacts.

Tuition/Payment Information:

Current Tuition Amount:\$150.00 monthly. Tuition received after the 10th of the month will be charged a late fee of \$25.

Please outline below whom is responsible for payment of tuition and fees. (i.e.if tuition payment is split or is the responsibility of an adult other than the parent/guardian.)

Media Release Authorization

Photographs: Pdo will take and maintain a photo of your child for security purposes.

Do you authorize your child's photo to be published:

In-house (i.e. classroom craft, bulletin boards, etc...) () Yes () No
 Promotional (i.e. website, brochure, church newsletter, etc..) () Yes () No

Parent's signature

Emergency Contacts & Authorized Pickup Persons:

(other than parents/guardians listed on page 2)

1st Contact/Pickup

Name: _____ Cell Phone (____) _____

Relationship to Child: _____ Alternate Phone (____) _____

Able to pick up all children in family

NOT able to pick up the following children _____

2nd Contact/Pickup

Name: _____ Cell Phone (____) _____

Relationship to Child: _____ Alternate Phone (____) _____

Able to pick up all children in family

NOT able to pick up the following children _____

3rd Contact/Pickup

Name: _____ Cell Phone (____) _____

Relationship to Child: _____ Alternate Phone (____) _____

Able to pick up all children in family

NOT able to pick up the following children _____

Additional Comments and Information:

Is there any other information that would be helpful to our management and teaching staff?

Parent's Signature: _____ Date: _____

Thank You!