

CHECK LIST

- Immunization
- Emergency List
- ACH List
- CR Application
- Tuition Record
- Ebc Application

EMMANUEL BAPTIST PRESCHOOL/DAYCARE

**1200 Farmerville Hwy.
Ruston, LA 71270
318-255-8491**

ENROLLMENT FORM

PROGRAM ENROLLMENT

- Preschool Program
- Pre-K 4 Summer Program
- Afterschool Program
- Summer Camp Program

Today's Date _____

Child's Name _____ Preferred Name _____

Address _____

Home Telephone: _____ Child's Age _____ DOB/Due Date _____ Sex _____

Check-in Time at Center _____ Pick-up Time _____ Early Drop-off? _____

Mother's Name _____ Cell Phone #: _____

Would you like to receive text messages from the Preschool? _____

E-mail Address _____

Occupation _____ Employer's Name _____

Employer's Address _____ Phone #: _____

Church Member? YES/NO Denomination _____ Church _____

Father's Name _____ Cell Phone #: _____

Would you like to receive text messages from the Preschool? _____

E-mail Address _____

Occupation _____ Employer's Name _____

Employer's Address _____ Phone #: _____

Church Member? YES/NO Denomination _____ Church _____

Are you new to this area? YES/NO If yes, where are you relocating from? _____

As a ministry of Emmanuel Baptist Church, we would like to invite you to join us in worship and learn more about our church.

Marital Status of Parents: Married Separated Divorced

Siblings:

Name _____ DOB _____ School _____

Name _____ DOB _____ School _____

Name _____ DOB _____ School _____

Are siblings enrolled in Emmanuel Baptist Preschool/Daycare? Yes No

Grade child just completed _____ School attended _____

Medical History:

1. Has your child had:

Infectious Hepatitis		Asthma		Mumps		Chicken Pox		Measles		German Measles		Other: List	
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- 2. Does child have frequent colds? _____ Explain _____
- 3. Does child run high fever? _____ Has child had any serious accidents? _____
- 4. Does child have any dietary restrictions? _____
- 5. Is child subject to severe allergic reactions? ___Yes ___ No. If yes, what? _____
What will be the expected allergic reaction from the child? _____
Does the child have an epi-pen? _____
- 6. I understand that EBP does not administer medication to children. Initials _____
- 7. Does child have any speech issues or other special issues such as but not limited to diabetes, Down's Syndrome, autism, etc. we need to be aware of? _____
- 8. Is there anything that would inhibit or prevent child from taking part in any activity? _____
- 9. Is your child receiving any therapeutic services? _____ If yes, please explain _____

Who is providing these services? _____

If your child is accepted into the program, please sign below giving permission for your child's therapist to be contacted to schedule a meeting with the parent(s) and the preschool director.

Parent(s) signature _____

Date _____

PLEASE USE A SEPARATE SHEET TO EXPLAIN 1-9 ABOVE.

Other:

What form of discipline is used at home? _____

Emergency Contacts:

(Other than parents)

Name _____ Telephone #: _____

Address _____

Medical Emergency: (BY LOUISIANA LAW, A DOCTOR AND DENTIST MUST BE IDENTIFIED FOR EVERY REGISTERED CHILD IN CLASS A CENTERS.)

Doctor _____ Telephone #: _____

Dentist _____ Telephone #: _____

In case of accident or illness of my child, Emmanuel Baptist Preschool is authorized to secure the services of the above named physicians or any other competent physician if I cannot be located immediately.

Parent's Signature: _____

Field Trips:

My child _____ has permission to participate in planned field trips with the preschool.

Parent's Signature: _____

Tuition:

I understand that because of limited enrollment it is necessary to give a one month notice to the preschool office prior to withdrawing my child from EBP and must submit an ACH Termination Form, or I will be responsible for one month's tuition.

Parent's Signature: _____

I understand that tuition is debited monthly whether my child attends or not.

Parent's Signature: _____

Authorized Child Pick-up List:

The following people have permission to pick up my child. I understand that I am required to send a written, signed note to the office if anyone other than those listed is to pick up my child or my child will not be allowed to leave with that person.

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Parent's Signature: _____