



4007 Airline Drive  
Bossier City, Louisiana 71111  
318-746-2799

## Weekday Preschool Registration Form

**Mom's Day Out:** (Please check preferred days)

\_\_\_Monday \_\_\_Tuesday \_\_\_Wednesday \_\_\_Thursday

**Preschool:** (3 years old by September 30)

**Bridge:** (5 years old by end of calendar year)

### Office Use Only:

**Registration Fee Paid**

Check No. \_\_\_\_\_

Cash

Card

**Child's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Gender:** \_\_\_M \_\_\_F **Birthday:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Mother's Name:** \_\_\_\_\_

**Father's Contact #:** \_\_\_\_\_ (home/cell) **Mother's Contact #:** \_\_\_\_\_ (home/cell)

**Child lives with:** \_\_\_Dad \_\_\_Mom \_\_\_Other \_\_\_\_\_

**Best to contact:** \_\_\_Dad \_\_\_Mom \_\_\_Other \_\_\_\_\_

**Email:** \_\_\_\_\_

**I have received a handbook and will follow all policies and procedures** \_\_\_\_\_ (initial)

**Does your family belong to a church?** \_\_\_ yes \_\_\_ no

If yes, where? \_\_\_\_\_

**Siblings:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Emergency Contacts: (other than parent)**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Authorized to remove child from school:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Not authorized to remove child from school:** (if a parent/guardian custody paperwork or further documentation required)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

# Parent Release Form

## ABC Weekday Preschool Media Recording

I, the undersigned, do hereby grant or deny permission to Airline Baptist Church Weekday Preschool to use the image of my child, \_\_\_\_\_, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Airline Baptist Church Weekday Preschool Web site.

- Deny permission to use my child's image at all.**
- Grant permission to use my child's image in the following ways (mark all that apply):**
  - Limited usage:** I want my child's image used within the Airline Baptist Church Weekday Preschool setting only (not in the larger community).
  - Limited usage:** I want my child's image used for educational materials only (not marketing). This could be either within Airline Baptist Church Weekday Preschool or in the larger community. One example of this could be videos in parent education classes.
  - Limited usage:** I want my child's image used on printed materials only (no digital or video use).
  - Unrestricted usage:** I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Airline Baptist Weekday Preschool for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Name on Facebook to contact: \_\_\_\_\_

# Emergency Contact and Medical Information

**Child's Name:** \_\_\_\_\_

**Hospital/Clinic Preference:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Allergies/Special Health Considerations:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_