**Enrollment Form** **Old Town Baptist Child Ctr**

## Student's Information

Student's Name: _____
Last First Middle Suffix

Preferred Name: _____ Title _____ Grade Level: _____

Date of Birth: _____ Gender: _____ SSN: _____

Race: _____ Blood Type: _____ Church Affiliation: _____

E-Mail Address: _____

## Primary Family Information

Address Line 1: _____

Address Line 2: _____

_____
City State ZIPCode County

Home Phone 1: _____ ☐ Listed Phone 2: _____ ☐ Listed

## Father's Information

Father's Name: _____
Last First Middle Suffix

Preferred Name: _____ Title: _____ Marital Status: _____

Mobile Phone: _____ Church: _____ Home E-Mail _____

Company Name: _____ Job Title: _____

Business Phone 1: _____ Ext. _____ Emergency Contact: ☐ Tag _____

Phone 2: _____ Ext. _____ Allowed to pick up child: ☐ License _____

Business E-Mail: _____

## Mother's Information

Mother's Name: _____
Last First Middle Suffix

Preferred Name: _____ Title: _____ Marital Status: _____

Mobile Phone: _____ Church: _____ Home E-Mail _____

Company Name: _____ Job Title: _____

Business Phone 1: _____ Ext. _____ Emergency Contact: ☐ Tag _____

Phone 2: _____ Ext. _____ Allowed to pick up child: ☐ License _____

Business E-Mail: _____

## 1) Emergency Contacts and Pickup Information

**Emergency Contacts (Emergency Contacts other than Parents)**

First Name: _____ Last Name _____

Home Phone: _____

☐ Emergency Contact: Relation: _____

Business Phone: _____ Mobile Phone: _____

☐ Allowed to pick up child:

DL#: _____ Tag: _____

Notes: _____

## 2) Emergency Contacts and Pickup Information

**Emergency Contacts (Emergency Contacts other than Parents)**

First Name: _____ Last Name _____

Home Phone: _____

☐ Emergency Contact: Relation: _____

Business Phone: _____ Mobile Phone: _____

☐ Allowed to pick up child:

DL#: _____ Tag: _____

Notes: _____

## 3) Emergency Contacts and Pickup Information

**Emergency Contacts (Emergency Contacts other than Parents)**

First Name: _____ Last Name _____

Home Phone: _____

☐ Emergency Contact: Relation: _____

Business Phone: _____ Mobile Phone: _____

☐ Allowed to pick up child:

DL#: _____ Tag: _____

Notes: _____

**Medical Contacts**

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Hospital: _____ Phone Number: _____

Insurance: _____ Phone Number: _____

Policy Number: _____