## **Elfers Christian Preschool**

Pre-school & Extended School Program 5630 Olympia St., New Port Richey, Fl. A Ministry of First Baptist Church of Elfers (727) 848-1310 Fax (727) 848-2400

For Office Use Only Amount Paid at Registration:					
\$					
Date:/					

## **Enrollment Application**

Student Information: Date of	f Birth:	Sex: Date of Enr	Sex: Date of Enrollment:	
Full Name:Last	First	Middle	Nickname	
Child's Physical Address:				
Church:			Member: Y N	
Days of the Week in Care: M	T W Th F H	ours of Care: From:	To:	
Family Information: Child Live	es with:	Custody: Mother Fath	ner Both Other:	
Parent/Guardian Name:		Parent/Guardian Na	me:	
Address:		Address:		
Home Phone:		Home Phone:		
Work Phone:		Work Phone:		
Cell Phone:				
Email:				
Church:				
Relationship to the child:			child:	
Persons permitted to remove ch			N *If no, legal documents are required.	
	d):			
	rized to remove the child f	rom the facility in case of illnes	listed below. The following people will s, accident or emergency, if for some	
Name	Cell/Home#	Work#	Relationship	
Name	Cell/Home#	Work#	Relationship	
Name	Cell/Home#	Work#	Relationship	
Name	Cell/Home#	Work#	Relationship	

I hereby grant permission if warranted.	n for the staff of this facility to contact the	e following medical personnel to obtain emergency medi	cal care
Doctor:	Address:	Phone:	
Dentist:	Address:	Phone:	
Hospital Preference:			
Please List Allergies, spe	ecial medical or dietary needs, or other a	reas of concern:	
Emergency Care Plan insapplicable):	structions including symptoms, medicati	on, and notification in the event of an actual emergency	(if
Helpful Information about	t Child:		
<ul> <li>Section 7.3, of the C "Know Your Child Ca</li> <li>Section 7.3, C.3 of the the child care facility</li> </ul>	(Form 680 or 681) within 30 days of end hild Care Facility Handbook, requires the are Facility" (CF/PI 175-24).  The Child Care Facility Handbook, requires the hild Care Facility Handbook, requires	equire a current physical examination (Form 3040) and rollment.  at parents receive a copy of the Child Care Facility Brockes that parents are provided food and nutrition policies us at parents are notified in writing of the disciplinary and examination.	sed by
"Permission is hereby given	ven to use my child's picture in school br	ochures or other promotional publications."	
from an activity with Elfer	e at Elfers Christian Preschool, a ministr	to receive medical treatment y of the First Baptist Church of Elfers, or while traveling t Elfers Christian Preschool, any and all employees, or oth uch an accident or injury."	to or
	n this application is accurate and true to mission for the staff of this facility to hav	the best of my knowledge and I have received the above access to my child's records."	e listed
"I certify that I have recei policies therein."	ved a copy of the Parent Handbook. I c	ertify that I have read and do understand and agree to th	пе
Parent/Guardian Sign: _		Date:	
Parent/Guardian Print: _			
		Date:	
	vn Presented ID		
TEISUHAHV KNOW	m riesented ID		

**Medical Information:**