

Weekday Education Program
First Baptist Church, Collinsville, Virginia

2024/2025 school year
Application for Enrollment

Child's name _____ Name used at home _____

Date of birth _____ Sex _____ Class you are applying for _____
(Age as of August 31, Current Year)

Address _____ Phone No. _____

_____ Cell Phone No. _____

Can you receive texts: __Yes __No

Home Email Address _____

Father's Name _____

Home address: _____

Employer Name _____ Work Phone _____

Work address: _____

Mother's Name: _____

Home Address: _____

Employer Name _____ Work Phone: _____

Work address: _____

Religious Affiliation

Church you attend _____

If no membership, give church preference _____

Emergency Information

Name of Child's Physician _____ Phone No. _____

Person(s) authorized to act for parents in emergency (i.e., relative, etc.)

1. Name _____ Phone No. _____

Address _____ Relation to child _____

2. Name _____ Phone No. _____

Address _____ Relation to child _____

Does your child have any allergies? (food, insect, drug, latex, etc) _____

If so, to what _____

Does your child have any other medical condition we need to be aware of? _____

If so, what? _____

Person(s) authorized to pick up child _____

Person(s) NOT authorized to pick up child _____

Names & Ages of Other Children in Home _____

Has child attended another preschool program? _____