

Please Initial or Sign the Following:

\_\_\_\_\_ I give my permission for pictures to be used of my child at the school.

\_\_\_\_\_ I give my permission for pictures to be used of my child on the school Facebook page.

\_\_\_\_\_ I give my permission for my child to attend age appropriate activities at the school.

\_\_\_\_\_ I will give a copy of my driver's license and car insurance so that my child can be driven by me to a preschool field trip or activity off school campus.

I hereby authorize Broadmoor Baptist Church Preschool ...

1. To care for my child during the time he or she is in their facility.

2. In accordance with the provisions of LA. Civil Code Act 2997 (7), I hereby authorize the Broadmoor Baptist Church Preschool and Administrators or his/her designee, to obtain and consent to any emergency medical treatment for my child while under their care, in the event that said Administrators or his/her designee is unable to contact me.

Parent (s) Signatures \_\_\_\_\_ Date \_\_\_\_\_

Parent (s) Signatures \_\_\_\_\_ Date \_\_\_\_\_

## Emergency Information (this must be provided)

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital Desired \_\_\_\_\_ Is Insurance Accepted \_\_\_\_\_

Name of Medical Insurance \_\_\_\_\_

Policy Number \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ Is Epi-Pen needed? \_\_\_\_\_

Please List Allergies \_\_\_\_\_

Is your child on a prescribed medication? \_\_\_\_\_

Please List Medications \_\_\_\_\_

## Persons to Whom Child May Be Released:

1. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_

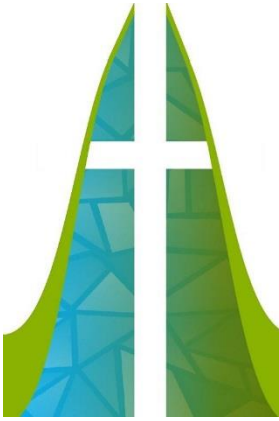
Phone Number \_\_\_\_\_

3. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

\*If there are any custody documents, please submit a copy with registration.



# Broadmoor Baptist Preschool

2018-2019  
Registration Forms

2018-2019

Class Applied for \_\_\_\_\_

Date of Admission \_\_\_\_\_

Registration Fees Paid \_\_\_\_\_

Book Fees Paid \_\_\_\_\_

Supply Fees Paid \_\_\_\_\_

Name of Child \_\_\_\_\_

Name Used \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Father's Employment \_\_\_\_\_ Work Number \_\_\_\_\_

Father's Email Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Mother's Employment \_\_\_\_\_ Work Number \_\_\_\_\_

Mother's Email Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_