

Child's Age by August 9, 2021: \_\_\_\_\_YRS. \_\_\_\_\_MO.

**Please Check One:**

Two's Class: \_\_\_\_\_

Three's Class: \_\_\_\_\_

Four's Class: \_\_\_\_\_



## Richland Baptist Church Preschool



2482 Warrenton Road  
Fredericksburg, VA 22406  
(540) 752-9323

breynolds@richlandbaptist.com

# Registration Form

Child: \_\_\_\_\_ Birthdate: \_\_/\_\_/\_\_ Sex: M\_\_ F\_\_

Child's Address: \_\_\_\_\_

Full name of Mother: \_\_\_\_\_ Email \_\_\_\_\_

Mother's Address: ☐ Same \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of work: \_\_\_\_\_ Hours: \_\_\_\_\_ Contact 1<sup>st</sup> ☐

Full name of Father: \_\_\_\_\_ Email \_\_\_\_\_

Father's Address: ☐ Same \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of work: \_\_\_\_\_ Hours: \_\_\_\_\_ Contact 1<sup>st</sup> ☐

## Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell or Work Phone:\_\_\_\_\_ Cell or Work Phone:\_\_\_\_\_

Other Person(s) Authorized to pick up child:

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

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

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

## Child's Health Information and History

Health Plan \_\_\_\_\_ Group#:\_\_\_\_\_ ID#:\_\_\_\_\_

Child's Doctor:\_\_\_\_\_ Phone:\_\_\_\_\_

Are your Child's immunizations up to date? Yes ( ) No ( )

Note: attach a copy of immunization record if not enrolled in public school yet.

If not up to date, please explain: \_\_\_\_\_

Does child have any known health problems? Yes ( ) No ( ) (If yes attach documentation)

Does your child get colds/flu often?\_\_\_\_\_

Does your child have any special needs or a family service plan?\_\_\_\_\_

Please list any serious prior injuries:\_\_\_\_\_

Check (√) any of the following illnesses the child has had:

☐Asthma    ☐Earaches    ☐Mumps    ☐Whooping Cough    ☐Bronchitis

☐Eczema    ☐Pneumonia    ☐Polio    ☐Chicken Pox    ☐Frequent Colds

☐Croup    ☐Convulsions    ☐Measles    ☐Influenza    ☐Rheumatic Fever

☐Diphtheria    ☐Tonsillitis    ☐Other:\_\_\_\_\_

Does your child have any know allergies? Yes ( ) No ( ) If yes, what are they and what are your child's reactions:

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Does your child take any medication on a regular basis? Yes ( ) No ( ) If yes please list the name of the medication(s) and the medical condition for which it is taken:

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Does your child have any speech, hearing or visual problems? Yes ( ) No ( )

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Has your child ever been tested for the above? Yes ( ) No ( )

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Please comment on any other medical information/or special need the child care provider should be aware of:

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## **Emergency Care Authorization**

☐ I authorize \_\_\_\_\_ to obtain the following services for this child if necessary: Public Health Nurse, Physician, Emergency Room, EMS and/or Ambulance transport in the event of an emergency. (Ambulance fees and/or health care costs are the responsibility of the parent/guardian).

Comments/Exceptions: \_\_\_\_\_

## **Water Play Authorization**

Please be informed that water play is a high-risk activity and thus permission is required for children to participate in these activities. We participate in many water activities throughout the year which includes but is not limited to water table, water balloons and sprinkler. Many precautions are being taken at our facility to help keep children safe when participating in water play.

☐ I authorize my child to participate in ALL water activities offered.

Except: \_\_\_\_\_

☐ I do NOT authorize my child to participate in ANY water activities.

## Photo Authorization

Photographs and videos are taken during on separate occasions such as birthdays, holidays, outings, special occasions as well as in the normal course of our day. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, picture CD's and various other things. Photos which may include my child may be given to families who also attend this program or may appear in the newspaper unless otherwise noted by you.

Please mark the appropriate box(s):

☐ I give permission to \_\_\_\_\_ to take photographs/videos of the above named child(ren). Photos used in classroom only or give to parents as a remembrance of their child's year (including other families in the program).

### **In Addition:**

☐ I give permission for photos/videos to be posted on our Facebook or Blog (to share your child's day).

☐ I give permission for my child's photo to be used on printed marketing materials (pamphlets, flyers, etc.)

**OR**

☐ I do NOT want any photos/videos taken of my child.

Additional information, notes or agreements made between this program and parents or guardians:

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\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent/guardian)

Referral Sources (Please circle all that applies)

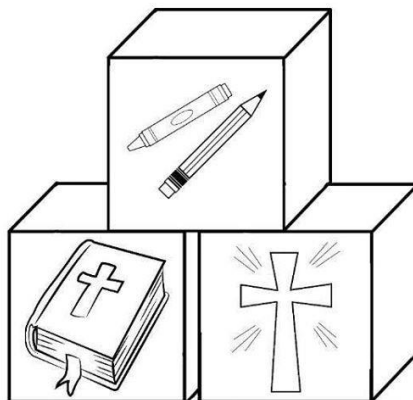
**ADVERTISEMENT**

Drive-by Sign  
Website/Facebook/Other  
Flyer  
Newspaper  
Event-

**REFERRAL**

Parental Referral: \_\_\_\_\_  
Center Referral: \_\_\_\_\_  
Friend/Neighbor: \_\_\_\_\_  
Subsidy Program Referral  
USDA Food Program Referral

Richland Baptist  
Church



Preschool

Education Grounded in  
Truth & Love