

Weekday Education Program  
First Baptist Church, Collinsville, Virginia

2023/2024 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? \_\_\_\_\_