

Medical Emergency call Dr. _____

Located at _____ Phone _____

List all ALLERGIES _____

Local emergency contact when parents can't be reached:

Phone: _____ Relationship to child: _____

Tell us about your child (likes ~ dislikes ~ rest habits ~ etc.)

Likes: _____

Dislikes: _____

Rest Habits: _____
Other: _____

Authorized for child pick up

Please list all persons who will be authorized to pick up your child.

(All authorized persons will need to register at the Check-in Desk so they will be in our security system. They will be asked to show a picture ID the first time they pick up your child.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

****I understand that the \$75 material fee is non-refundable once your child is placed in the program.**

Monthly tuition payments are due the 10th of each month.

Signature of Parent/Guardian _____ Relationship to child _____

****Return application and \$75 material fee and a copy of your child's updated shot record to:**

Temple Baptist Church
Attention: *Weekday Early Education*
1515 S. Service Rd. W. Ruston, LA 71270