

For Office Use Only Date: _____ Time: _____
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**Weekday Early Education  
Temple Baptist Church  
2019-2020**

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
                          First                          Middle                          Last  Mo/Day/Year

Name to be called: \_\_\_\_\_ Gender: \_\_\_\_\_ Age in September: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Place of Business and Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Place of Business and Work Phone: \_\_\_\_\_

Church Attending: \_\_\_\_\_

Parents Marital Status: Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_

Siblings and Ages: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Monthly Fees  
(Please Circle One)**

**6 months- 2 Year Olds**  
**1 Day - \$65/month**  
**Tues OR Thurs**

**2 year old**  
**2 day - \$130/month**  
**Tues AND Thurs**

**3 Year Old Pre-K**  
**3 Days (TIW~~I~~TH) - \$160/month**

**6 months - 2 Year Olds**  
**2 Days - \$130/month**  
**Tues AND Thurs**

**2 Year Old**  
**3 day - \$150/month**  
**Tues|Wed|Thurs**

**4 Year Old Pre-K \***  
**3 days (TIW~~I~~TH) - \$170/month**  
**4 days (MI~~T~~W~~I~~TH) - \$210/month**  
**\* Must be potty-trained**

**Please continue on back**

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 10<sup>th</sup> 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