

Weekday Ministry Pre-Admission Record

Desired Date of Enrollment _____
 _____ Full-Time-6 weeks-K2
 _____ MMO-A (12-23 mon) ___M___T___W___H___F (check desired days)
 *Must be walking
 _____ MMO-B (2-year olds) ___M___T___W___H___F (check desired days)

Child's Name _____ **Birthdate** _____ **Sex** _____

Name Child Called at Home: _____ Social Security Number: _____

Parents Relationship to Each Other: ___ Married ___ Divorced ___ Separated ___ Single

Child Lives with (Please check all that apply):

___ Mother and Father ___ Mother ___ Father ___ Other

Mom's Name:	Dad's Name:
Mom's Address:	Dad's Address:
Mom's Cell/Home Phone:	Dad's Cell/Home Phone:
Mom's Employment:	Dad's Employment:
Mom's Employment Address:	Dad's Employment Address:
Mom's Work Phone (ext.)	Dad's Work Phone (ext.)

Name of Church Parents Attend Regularly: _____

How did you find out about our program? _____

Emergency Contacts/Persons whom your child can be released to:

Name	Relationship to child	Phone Number	Address

Signature: _____

Date: _____

Describe any special needs or instructions below including any allergies to medications, food, etc.

Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Calvary Baptist Church Preschool and Kindergarten staff to transport my child to Flowers Hospital Emergency Room or to the following hospital. I agree to be responsible for any emergency medical expenses incurred.

Name of Hospital: _____ Phone: _____

Child's Regular Physician: _____ Phone: _____

I give consent for any and all treatment deemed necessary by the attending physician.
(Attach a photocopy of your insurance card).

Signature of Parent/Guardian

Date

****The Department of Human Resources does not inspect away from facility activities, including swimming, transportation, or any other activities. The licensee shall assume full authority and responsibility for activities away from the facility.**

I give permission for my child to participate in: (Circle yes or no and sign each line)

Activities away from the facility	Yes	No	Signature of parent/guardian	Date
Swimming/wading activities provided by the facility	Yes	No	Signature of parent/guardian	Date
Transportation provided by the facility	Yes	No	Signature of parent/guardian	Date

This form is not valid without the signature of child's parent/guardian in each space above.

TO BE FILLED OUT BY STAFF ONLY:

Date Application Received	
Date Registration Paid	
Check # and Amount	
Start Date:	

Calvary Baptist Church
Weekday Ministry
901 Montezuma Avenue
Dothan, Alabama 36303
334-793-9898

EMERGENCY MEDICAL INFORMATION

Child's Name _____ Birthdate _____

Address _____ Phone _____

_____ Zip Code _____

Father's Name _____ Phone _____

Father's Employer _____ Phone _____

Mother's Name _____ Phone _____

Mother's Employer _____ Phone _____

Child's Doctor _____ Phone _____

Persons to be contacted if Parent/Guardian cannot be reached:

Name _____ Phone _____ Alt. Phone _____

Name _____ Phone _____ Alt. Phone _____

Name _____ Phone _____ Alt. Phone _____

Allergies to: Food _____ Medication _____

Medication taken on a regular basis _____

Calvary Weekday/Calvary Preschool and Kindergarten has my permission to take my child,
_____ to the Emergency Room and then notify me.

Name of Medical Insurance Company _____

Name of Policy Holder _____

Policy Number _____ Group # _____

Participant's Social Security Number _____

Child's Social Security Number _____

Father's Signature

Date

Mother's Signature

Date

E-Mail Addresses

Calvary Weekday Ministry/Preschool and Kindergarten uses the Calvary Baptist Church web site (<http://www.calvarydothan.com>), social media, and printed materials such as our newsletter to keep our families informed of upcoming events and activities, and more. Please provide your email address as another way for us to stay connected.

Please Print Clearly

Mom's Email Address: _____

Dad's Email Address: _____

Other Email Address: _____

Internet/Photo Release Form

Calvary Weekday Ministry/Preschool and Kindergarten have separate Facebook pages and webpages included with Calvary Baptist Church that occasionally feature the faculty, staff, and our students, information about our preschool and other programs, announcements and more. We feel this is an important way to keep our families informed of activities and events. At times, we may post photos of children on our Facebook pages or our website. Under no circumstances will a child's last name, address, or phone number be listed on our website or social media or any publication involving Calvary Weekday Ministry/Preschool and Kindergarten.

For these reasons, we are asking for your permission to use your child's photograph on our website, social media, or in publications.

I DO, following the limitations outlined above, hereby grant my permission to Calvary Weekday Ministry/Preschool and Kindergarten to use my child's photograph on their website, social media or in other printed publications associated with Calvary Weekday/Preschool and Kindergarten without further consideration.

I DO NOT, grant my permission to Calvary Weekday Ministry/Preschool and Kindergarten to use my child's photograph on their website, social media, or other printed publications associated with Calvary Weekday Ministry/Preschool and Kindergarten.

Child's Name: _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: _____