



2020-2021 STUDENT REGISTRATION FORM

Child's Name: _____
First MI Last (Preferred Name)

Child's Home Address: _____
_____, NC _____

Child's Birthdate: _____ Age: _____ Sex: _____ T-Shirt Size: _____

Parent/Guardian Information: Check box if address is same as child's

Mother/Guardian's Name: _____

Address: _____

Phone Numbers: (H) _____ (W) _____ (C) _____

Occupation: _____

E-Mail: _____

Father/Guardian's Name: _____

Address: _____

Phone Numbers: (H) _____ (W) _____ (C) _____

Occupation: _____

E-Mail: _____

Do you regularly attend church? _____ If so, where? _____

Person responsible for payment: _____

Who will usually pick up your child? _____ Phone: _____

Names of authorized persons (other than parents) to whom child may be released:

	<i>Name</i>	<i>Relationship</i>	<i>Phone</i>
1.	_____	_____	_____
2.	_____	_____	_____

In Case of Emergency Contact:

(name) _____ (phone) _____

Medical Alerts/Information: (Allergies or other conditions) _____

Medical Release

As the parent and/or guardian of _____ (name of minor), I authorize treatment under the direction of any licensed physician in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue comfort if delayed. This authority is granted only after an attempt has been made to reach me first by phone at the number listed below.

Parent Signature: _____, Date _____

Parent Phone: _____

Family Physician's Name: _____, Phone _____

Hospital Preference: _____

Photo Release

During the school year, we take pictures of our special events and outings. In order to include pictures of your child on our website, literature or year-end slide shows, we must have a signed release from the child's parent or legal guardian. Your child's name will NOT be used in conjunction with their photo. A completed form must be turned in for each child enrolled in the preschool.

- "Yes, I grant my permission for my child's photograph to be used for the purposes listed above."
- "No, I do not grant my permission for my child's photograph to be used for the purposes listed above."

Parent's Signature: _____ Date _____

Please submit this registration form and a **\$100 non-refundable registration fee**. The registration fee may be paid through PayPal on our preschool website or by check made payable to "Liberty Baptist Church." Registration will not be considered complete until the registration fee is paid. Registration form and payment can be dropped off at the Liberty Baptist Church office or mailed to:

**Liberty Weekday Preschool
C/O Liberty Baptist Church
1625 Ray Rd.
Spring Lake, NC 28390**