

ENROLLMENT QUESTIONNAIRE

FIRST BAPTIST CHURCH OF SWEETWATER

2008-2009 School Year

General Information

Childs Name _____ Date of Birth _____
Address _____ City _____ Zip _____ Phone _____
Child lives with both parents? _____ If no, who does the child live with? _____
Fathers Name _____ Occupation _____
Home address _____
Phone _____ Cell _____ Work _____
Mothers Name _____ Occupation _____
Home address _____
Phone _____ Cell _____ Work _____
Insurance Carrier/Phone number/ID# _____
Child's Allergies _____
Physician and Phone number _____

Emergency Contact Information

Emergency Contact Name	Relation to Child	Home #	Cell#	Work #

Medical History

Food Allergies _____ Mump _____ Chicken Pox _____ Whooping Cough _____ Flu _____
Convulsions _____ Speech Difficulties _____ Other Illnesses _____

I _____, give consent to the staff of FBCS Mother's Day Out, who will be caring for my **child** _____ for the period of July 2008 to May 2009 to arrange emergency, medical, surgical or dental care and treatment necessary to preserve the health of my child. I hereby authorize and consent to any x-ray exam, anesthetic, or medical/hospital care to be rendered to said child under the general supervision, and on the advice of a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision. I have read this form and I certify that I understand its contents. I acknowledge that I am responsible for all reasonable charges in connection with the care and treatment during this period.

Parent or Guardian Signature

County of _____

Identification Used

Notary signature