



## Registration Form

Date \_\_\_\_\_

Full name of Child \_\_\_\_\_ M/ F (circle)

(Last) (First) (Middle)

What does child like to be called? \_\_\_\_\_ Child's Birthday \_\_\_\_\_

(M) (D) (Y)

Name of Mother \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell/Beeper \_\_\_\_\_

Address \_\_\_\_\_

(Street) (City) (State) (Zip)

Where Employed \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

Name of Father \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

Where Employed \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Hours \_\_\_\_\_

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

Where does your family attend church? \_\_\_\_\_

Member? \_\_\_\_ Yes \_\_\_\_ No

### Name of persons authorized to act for parents in case of emergency:

Family Member Name: \_\_\_\_\_ Phone \_\_\_\_\_

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

Friend's Name: \_\_\_\_\_ Phone \_\_\_\_\_

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

### Other children in the family:

Name					
Age					

Does your child have any unusual health conditions, such as allergies, asthma, epilepsy, etc.? If none, please write none. \_\_\_\_\_

Has your child had surgery? Please list type with date \_\_\_\_\_

To meet your child's individual needs, please give us any helpful information: \_\_\_\_\_

### 2012-2013 MDO Program

Temple Baptist MDO is for 13 months through pre-k children on Tuesdays and Thursdays; 9:00 a.m. – 2:00 p.m. Final enrollment will be established based on space availability. **Note: \$30 non-refundable registration fee is due upon enrollment.** Cancellation from the program requires a 30-day notice.

Age of my child on August 1, 2012 \_\_\_\_\_ years and \_\_\_\_\_ months.