



117 Marlin Road, White House, TN 37188

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: _____

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.