

Registration fee received _____ Class Code _____

(For Office Use Only)

**FIRST BAPTIST CHURCH
GALAX, VIRGINIA**

Preschool Application/Registration

Date: _____

Pupil's Name: _____
(Last) (First) (Middle) (Name used at home)

Residence Address: _____
Phone: _____

Date of Birth: _____ Place: _____
(City/State)

Father's Name: _____
(Last) (First) (Middle)

Business Address: _____ Phone: _____

Mother's Name: _____
(Last) (First) (Middle)

Business Address: _____ Phone: _____

Other Children:
Names & Ages _____

Church Affiliation (Church you attend) _____

If No Membership, Give Church Preference _____

Preschool Application/Registration

EMERGENCY INFORMATION: In case of an emergency or illness of the child, other than the parents, who should be called?

_____ Phone: _____

If your child becomes ill and a parent cannot be contacted, may the child be sent to Twin County Regional Hospital, if deemed necessary? YES _____ NO _____

Does your child have any allergies to certain foods or medications?

Has your child ever had: Measles? _____ Mumps? _____ Diphtheria? _____
Chicken pox? _____ Other (Describe) _____

Is your child used to playing with children his own age? _____

Is your child toilet trained or in the process of being trained? _____

Is your child currently receiving medical attention for any physical disability? _____
If yes, please explain: _____

Does your child have a disease or physical condition which might be transmittable or contagious?
If yes, please explain: _____

Does your child tend to become overly excited, throw tantrums, break toys excessively, or get into fights excessively? _____ If yes, please explain: _____

Has your child ever received medical care for hyperactivity or hypertension? _____
If yes, please explain: _____

WAIVER OF CLAIM

I, THE UNDERSIGNED, CERTIFY THE ABOVE INFORMATION TO BE CORRECT AND ASSUME ALL RESPONSIBILITY FOR THE WELFARE OF THE CHILD HEREIN, DO HEREBY WAIVE ALL CLAIMS AGAINST THE FIRST BAPTIST CHURCH PRESCHOOL, GALAX, VIRGINIA, OR ANY MEMTBERS OF, OR ANY PERSON OR PERSONS IN THE EMPLOYMENT OF SAID SCHOOL AND CHURCH FOR ANY CLAIMS FOR DAMAGE RESULTING FROM INJURY, OR FATALITY OR DISABILITY TO THE AFOREMENTIONED CHILD OR MYSELF, OR ANY EXPENSE CONNECTED HEREIN FROM THIS DATE AND AT ALL TIMES SUBSEQUENT THERETO NOT COVERED BY A POLICY OR POLICIES OF INSURANCE COVERED BY THE SCHOOL.

IN WITNESS THEREBY, I HAVE HERETO SET MY HAND AND SEAL.

DATE: _____ PARENT _____