

Grade Level: K2 _____ K3 _____ K4 _____ K5 _____

Child's Name: _____

Gender (M/F): _____ DOB: _____ SSN: _____

Extended Afternoon Care: Full-time_____ Part-time _____ Occasionally_____

Father's Name: _____

Home #: _____ Cell #: _____

Place of Employment: _____ Work #: _____

Mother's Name: _____

Home #: _____ Cell#: _____

Place of Employment: _____ Work #: _____

Email Address: _____

(over)

Emergency Contact Information

Child's Doctor: _____ Telephone #: _____

If you cannot be reached by telephone, please list the names of two people not already listed who may assume responsibility for your child in case of an emergency:

1. Name: _____

Relationship: _____ Telephone #: _____

2. Name: _____

Relationship: _____ Telephone #: _____

If someone other than yourself may pick up your child from school, please list his/her name and telephone number below:

1. Name: _____ Telephone #: _____

2. Name: _____ Telephone #: _____

3. Name: _____ Telephone #: _____

4. Name: _____ Telephone #: _____

Medical Information

_____ Allergies (food, drug, insects, etc.)

_____ Speech Difficulties

_____ Glasses

_____ Physical Limitations

_____ Hearing Difficulties

_____ Takes Medication Daily

Additional Medical Information (Any other important information you think SBK needs to know):

Church Information

Church Affiliation: _____

Is your family looking for a church home? Yes _____ No _____

Members of First Baptist Church Sumrall, MS Yes _____ No _____