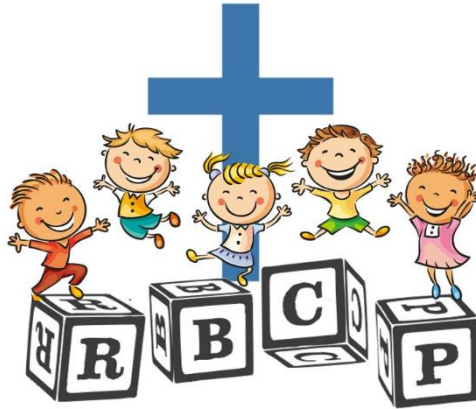


# Preschool Registration Form

Student's Age by August 12, 2024: \_\_\_ YRS. \_\_\_ MO.

Class Placement: 2s  3s  4s   
{Please Check Class Placement}



## Richland Baptist Church Preschool

2482 Warrenton Road  
Fredericksburg, VA 22406  
(540) 752-9323  
breynolds@richlandbaptist.com

### Applicant Information

Student's Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_ Gender: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Name of Church Your Family Attends, if applicable: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Mother/Guardian Address:  Same \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_ Contact 1<sup>st</sup>

Father/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Father/Guardian Address:  Same \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_ Contact 1<sup>st</sup>

# Preschool Registration Form

## **Emergency Contacts**

*Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up student:*

1. Name: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell/Work Phone: \_\_\_\_\_

Cell/Work Phone: \_\_\_\_\_

## **Other Person(s) Authorized To Pick Up Student:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Child's Health Information & History**

Student's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Are your Student's immunizations up to date? Yes ( ) No ( )

*If not up to date, please explain:* \_\_\_\_\_

Does your student have any known health problems? Yes ( ) No ( ) *(If yes attach documentation)*

Does your student get colds/flu often? \_\_\_\_\_

Does your student have any special needs or a family service plan? \_\_\_\_\_

Please list any serious prior injuries: \_\_\_\_\_

Does your student have any know allergies? Yes ( ) No ( )

*If yes, what are they and what are your student's reactions:* \_\_\_\_\_

\_\_\_\_\_

# Preschool Registration Form

## **Child's Health Information & History, continued**

Check (√) any of the following illnesses the student has had:

- Asthma    Earaches    Mumps    Whooping Cough    Bronchitis
- Eczema    Pneumonia    Polio    Chicken Pox    Frequent Colds
- Croup    Convulsions    Measles    Influenza    Rheumatic Fever
- Diphtheria    Tonsillitis    Other: \_\_\_\_\_

Does your student take any medication on a regular basis? Yes ( ) No ( )

*If yes please list the name of the medication(s) and the medical condition for which it is taken:* \_\_\_\_\_

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Does your student have any speech, hearing, or visual problems? Yes ( ) No ( )

*Please explain:* \_\_\_\_\_

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Has your student ever been tested for the above? Yes ( ) No ( )

*Please explain:* \_\_\_\_\_

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Please comment on any other medical information/or special need the childcare provider should be aware of:

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# Preschool Registration Form

## Water Play Authorization

Please be informed that water play is a high-risk activity and thus permission is required for children to participate in these activities. We participate in many water activities throughout the year which include but are not limited to water tables, water balloons, water slides, mini toddler pools, and sprinklers. Many precautions are being taken at our facility to help keep children safe when participating in water play.

- I **DO NOT** authorize my student to participate in ANY water activities.
  - I authorize my student to participate in **ALL** water activities offered.
  - I authorize my student to participate in all water activities offered **EXCEPT:**
- 

## Photo Authorization

Photographs and videos are taken throughout the normal course of our day and special occasions such as birthdays, holidays, field trips, etc. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, holiday programs, community outreach and various other things. Photos/videos that include your student *may* be given to families who also attend this program *or* may appear in our monthly newsletter, on our social media, etc. unless otherwise noted by you.

*Please mark the appropriate box(s):*

- I **DO NOT** give permission for ***Richland Baptist Church Preschool*** to take photos/videos of my student.
- I give permission for ***Richland Baptist Church Preschool*** to take photographs/videos of my student.

### In Addition:

- I **give** permission for photos/videos of my student to be posted on RBCP's **public Facebook page**.
- I **give** permission for photos/videos of my student to be posted in RBCP's **private Facebook group**.
  - I **give** permission for my student's photo to be used on RBCP's **Instagram**.
  - I **give** permission for my student's photo to be used on RBCP's **website**.
  - I **give** permission for my student's photo to be used **within the hallways** of RBCP.
  - I **give** permission for my student's photo to be used in **printed marketing materials**.

# Preschool Registration Form

## Parent/Guardian Acknowledgement & Signature

I, \_\_\_\_\_, understand it is my responsibility to submit my student's enrollment application, registration fee, and birth certificate to RBCP at the time of registration to secure my student's enrollment. I further understand it is my responsibility to submit my student's school health entrance form and most recent immunization record prior to the first day of school. Failing to submit the above fee and documents will result in my student being unenrolled from the program and placed on the waitlist.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### HOW DID YOU HEAR ABOUT US?

Please check all that apply

DRIVE-BY SIGN

WEBSITE

SOCIAL MEDIA: \_\_\_\_\_

Other: \_\_\_\_\_

Parent Referral: \_\_\_\_\_

Friend/Neighbor: \_\_\_\_\_

Community Event: \_\_\_\_\_

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### **FOR OFFICE USE ONLY**



REGISTRATION FORM



REGISTRATION FEE



BIRTH CERTIFICATE



HEALTH FORM



IMMUNIZATIONS