

NOBTS ID _____

PRESCHOOL EDUCATION CENTER

Office **NEW ORLEANS BAPTIST THEOLOGICAL SEMINARY** Fax
504-816-8585 816-8100 switch board 504-816-8485

NAME _____ mother father NOBTS Student YES NO

Address _____ E-mail _____

City _____ LA Zip _____

Employer _____

Home Phone () - Call 1st 2nd 3rd 4th Work Phone () - Call 1st 2nd 3rd 4th

Pager () - Call 1st 2nd 3rd 4th Cell Phone () - Call 1st 2nd 3rd 4th

Second Parent

NAME _____ mother father NOBTS Student YES NO

Address _____

City _____ LA Zip _____

Employer _____

Home Phone () - Call 1st 2nd 3rd 4th Work Phone () - Call 1st 2nd 3rd 4th

Pager () - Call 1st 2nd 3rd 4th Cell Phone () - Call 1st 2nd 3rd 4th

CHILD Name _____ / /

LAST

FIRST

BIRTHDATE

MALE FEMALE

CHILD'S AGE _____

APPLICATION Date _____ DESIRED DATE OF ENROLLMENT _____

WE HEREBY CERTIFY THAT WE HAVE READ THE PRESCHOOL EDUCATION CENTER HANDBOOK AND AGREE TO ABIDE BY THE POLICIES AND PROCEDURES OUTLINED THEREIN. WE ALSO HEREBY AUTHORIZE THE PRESCHOOL EDUCATION CENTER:

1. TO CARE FOR OUR CHILD DURING THE TIME HE OR SHE IS IN THE CENTER.
2. TO SECURE EMERGENCY MEDICAL CARE FOR OUR CHILD IN CASE OF INABILITY OF THE CENTER TO REACH US.

FATHER'S SIGNATURE _____

MOTHER'S SIGNATURE _____

.....
OFFICE USE ONLY

Date of Enrollment _____ Room _____ Date Application received _____

Date Registration fee received _____ ck# _____ Bill _____

PICK - UP - LIST

The Preschool Education Center staff is extremely conscientious about releasing children to appropriate persons. Please indicate to whom we may release your child. PARENTS please include your name on this list. IT IS IMPORTANT FOR YOU TO NOTIFY US OF ANY CUSTODY DISPUTES, DIVORCE, OR TENSE EMOTIONAL SITUATIONS THAT MIGHT JEOPARDIZE THE SAFETY OF YOUR CHILD AND OTHERS IN THE CENTER.

THE FOLLOWING PERSONS HAVE PERMISSION TO PICK UP _____.

Name	Relationship	Phone # S
_____	_____	- ____ / ____ - ____
Call 1 st	_____	- ____ / ____ - ____
_____	_____	- ____ / ____ - ____
Call 2 nd	_____	- ____ / ____ - ____
_____	_____	- ____ / ____ - ____
Call 3 rd	_____	- ____ / ____ - ____
_____	_____	- ____ / ____ - ____
Call 4 th	_____	- ____ / ____ - ____
_____	_____	- ____ / ____ - ____
Call 5 th	_____	- ____ / ____ - ____

Signed _____ DATE _____

Witness _____ DATE _____

I agree that pictures of my child may be taken for use within and outside the NOBTS Preschool Education Center.

PARENT SIGNATURE _____

I am aware that my child will be taking walks around the NOBTS campus.

PARENT SIGNATURE _____

I have received a parent resource list.

PARENT SIGNATURE _____

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PHYSICIAN'S REPORT

Child's name _____ Birthdate _____

Parent's name _____

DATE OF EACH SHOT

DTP	_____	_____	_____	_____	_____
	1 st	2 nd	3 rd	4 th	5 th
IPV	_____	_____	_____	_____	
	1 st	2 nd	3 rd	4 th	
HIB	_____	_____	_____	_____	
	1 st	2 nd	3 rd	4 th	
MMR	_____	_____			
	1 st	2 nd			
HBV	_____	_____	_____		
	1 st	2 nd	3 rd		
Chicken Pox	_____				
	1 st				
PCV7	_____	_____	_____	_____	
	1 st	2 nd	3 rd	4 th	

.....
CHILD'S GENERAL HEALTH _____

Allergies yes ___ no ___ If food Doctor please be very specific as to what foods must be avoided.

Specify Any Handicaps or Limitations. _____

Are There Any Prescribed Medications and Drugs of Which the Preschool should Be Aware? ___ Yes ___ No If Yes, Specify _____

This Child is FREE OF ANY CONTAGIOUS OR INFECTIOUS DISEASE.

Physicians Signature _____ Date _____

Child's Doctor: _____ Doctor's Phone # _____

Child's Dentist _____ Dentist's Phone # _____