



**2010-2011 Fall Registration Form  
TUESDAY & THURSDAY**

CHILD'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY&ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

E-mail address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Drivers License # \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Business Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Father's Drivers License # \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Business Address \_\_\_\_\_

Are parents separated or divorced? \_\_\_\_\_ If yes, who is the custodial parent? \_\_\_\_\_

Is the non custodial parent allowed to pick up the child? \_\_\_\_\_

List any brothers or sisters enrolled in our program \_\_\_\_\_

Church you most often attend \_\_\_\_\_ Member? \_\_\_\_\_

**PERSONS TO BE CALLED IN CASE OF ILLNESS OR EMERGENCY OTHER THAN PARENTS:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**THE FOLLOWING PEOPLE HAVE MY PERMISSION TO PICK UP MY CHILD. I UNDERSTAND THAT MY CHILD WILL NOT BE RELEASED TO ANYONE NOT LISTED BELOW OTHER THAN PARENTS.**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Drivers License \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Drivers License \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Drives License \_\_\_\_\_

Please list any kind of medication, medical treatment, health problems or allergies that your child might have, please include food, drug, animal, hay fever, asthma, etc. \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_

In order to meet all legal requirements, I hereby authorize a representative of Angel Land Preschool, North Richland Hills Baptist Church to give consent for any and all necessary medical care for my child \_\_\_\_\_ while said child is in said Angel Land Preschool custody. I agree to abide by all of the Angel Land Preschool policies. I understand the registration/supply fees are non-refundable and I must give a written two-week paid notice to withdraw.

\_\_\_\_\_  
**Signature of Parent or Guardian**

North Richland Hills Baptist Church  
6955 Blvd 26 - N Richland Hills, Texas - 76180 (817) 589-7014

FOR OFFICE USE ONLY

Reg. Fee \_\_\_\_\_ Date of Enmt \_\_\_\_\_ Shot Record \_\_\_\_\_ Class \_\_\_\_\_  
Cash or Check # \_\_\_\_\_ Date Start \_\_\_\_\_ TS \_\_\_\_\_ MI \_\_\_\_\_ DD \_\_\_\_\_