

Lexington Baptist Church Child Development Ministry
Registration and Application Form for Enrollment
(Registration Fee is Non-Refundable)

SENIORITY: Total years of family enrollment _____

School Year _____ Registration Fee _____ Supply Fee ____/____ Cash/Check # _____

4's - 4 Day M-TH____ 4's - 3 Day M-W____

3's - 4 Day M-TH____ 3's - 3 Day M-W____ 3's - 2 Day MT ____ WTH ____

2's - 3 Day M-W____ 2's - 2 Day MT____TW ____ WTH ____

1's - 2 day WTH____ 1's - 1 Day W____ TH ____

3's and 4's Lunch Bunch ____ Tuesdays until 12:40pm \$12.00 additional per month

STATEMENT OF FEES

Registration	Supply	
1 day - \$ 65.00	1 year old - no supply fee	The supply fee will be divided into 2 payments. September 1 st \$30.00 and January 1 st \$30.00
2 day - \$110.00	2 year old - \$60.00	The supply fee may be paid in full at any time.
3 day - \$110.00	3 year old - \$60.00	
4 day - \$110.00	4 year old - \$60.00	

Tuition

These payments would be due by the 10th of each month, beginning with September 2012 and continuing through May 2013.

1 day classes - \$ 82.00

2 day classes - \$121.00

3 day classes - \$137.00

4 day classes - \$154.00

PERSONAL INFORMATION

Full Legal Name _____ Preferred Name _____ Date of Birth _____

Age _____ Sex _____ Home Telephone _____ E-mail _____

Street: _____ City: _____ State _____ Zip _____

Mother's Full Name _____ Occupation _____

Telephone: (W) _____ (H) _____ (Cell/Beeper) _____

Father's Full Name _____ Occupation _____

Telephone: (W) _____ (H) _____ (Cell/Beeper) _____

If Parents cannot be located, whom may we contact locally in case of an emergency?

Name: _____ Address _____ Telep: _____

Name _____ Address _____ Telep: _____

List brothers and sisters of child:

Name _____ Age _____ : Name _____ Age _____

Name _____ Age _____ : Name _____ Age _____

Family's Church Membership _____ If none, preference _____

Does child attend Sunday School? Yes _____ No _____

Medical Emergency Instructions:

Doctor _____ Address _____ Telephone _____

I, _____, hereby grant to Lexington Baptist Church Child Development Ministry Staff the right to act on my behalf in case emergency medical treatment is necessary and, if needed, to transport to Lexington Medical Center, by calling 911, to secure the safety and well-being of my child until such time I can be located. I will be responsible for all expenses incurred. If not Lexington Medical Center, where? _____.

Parent's signature: _____ Date: _____.
(Parent's signature must be witnessed)

Witness: _____ Date: _____.

Medical Information:

- | | YES | NO | | YES | NO |
|---|-----|-----|---|-----|-----|
| A. Does child have allergies?
<i>(please specify _____)</i> | () | () | J. Does child have tantrums | () | () |
| B. Is emergency treatment
needed for insect bites | () | () | K. Does child bite others | () | () |
| C. Does child have nosebleeds | () | () | L. Can child manage clothes &
bathroom needs
<small>(3 & 4 yr. children must be potty trained)</small> | () | () |
| D. Does child have seizures | () | () | M. Is child adopted | () | () |
| E. Does child have unusual fears
<i>If yes on A-E, please explain:</i> | () | () | N. Does child reside with both parents
<i>If no, which _____</i>
<i>If court papers exist, please give the office a copy.</i> | () | () |
| F. Does child have asthma | () | () | | | |
| G. Does child have strep infections | () | () | | | |
| H. Does child have colic | () | () | | | |
| I. Does child have frequent ear
infections | () | () | | | |

Medical Remarks: Please list anything that would restrict your child's physical ability to participate fully in all part of the program. Please include food allergies and/or specific medical problems _____

_____.

(The CDM staff will not administer medication unless a parent leaves written instructions and medication is in original container.)

Other Remarks: Please list any special instructions which you feel may help the Child Development staff work better with your child: _____

_____.

Hours of operation: 8:45am-12:00pm Carpool for 3's and 4's begins at 8:30am and ends at 8:50am
Each child must have a copy of his/her Birth Certificate and Record of Immunization in his/her file before Orientation.