



# Middle River Baptist Church Child Development Center

## Enrollment Application

Child's Name: \_\_\_\_\_ Child's Birth date: \_\_\_\_\_  
Last First Month / Day / Year

### Personal Information

Child's Information	
Name (First, Middle, Last)	Address:
Child's SSN:	
First Parent/Guardian's Information:	Second Parent/Guardian's Information
Name:	Name:
Home Address:	Home Address:
Home Phone: _____	Home Phone: _____
Other Phone: _____	Other Phone: _____
Email Addresses:	Email Addresses:
Employer:	Employer:
Address:	Address:
Work Phone:	Work Phone:
SSN:	SSN:
Driver's License #:	Driver's License #:
State of Issue: _____ Expires: _____	State of Issue: _____ Expires: _____



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Has your child been enrolled in child care previously?  Yes  No

Which center? \_\_\_\_\_

Center Name

Phone Number

Contact Person

Middle River Baptist Church Child Development Center is a ministry of Middle River Baptist Church (MRBC). It is our desire to minister to all families who have a need or are looking for a church home.

Would you like a phone call/visit from a deacon/pastor?  Yes  No

Please indicate type of contact preferred:  Phone call  Visit  Email  None

### Emergency Contacts Other Than Parent:

*Emergency information must also be recorded on an emergency card.*

Name	Relationship	Phone	Authorized to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Relationship	Phone	Authorized to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Relationship	Phone	Authorized to pick up? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Emergency Authorization:

I am a parent/legal guardian for \_\_\_\_\_. In case of medical emergency, I understand that my child will be transported to the nearest hospital by a local emergency unit if deemed necessary by the local emergency resource. My child will be transported at my expense. It is understood that in some emergency situations, center personnel may need to call 911 before the parent, child's physician, or other adult acting on the child's behalf. I hereby give permission to **Middle River Baptist Church Child Development Center** to take whatever emergency measures (first aid, disaster, etc.) are deemed necessary for the protection and care of my child while under the supervision of the school.

\_\_\_\_\_  
First Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Second Parent/Guardian Signature

\_\_\_\_\_  
Date