

**First Blessings Preschool**

**P. O. Box 2125  
2645 Lafayette Road  
Fort Oglethorpe, GA  
30742 (706)866-0232**

Registration Form for the \_\_\_\_\_ school year.

**Child's Name:** \_\_\_\_\_ **Known As:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Male ( ) Female ( )**

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Address (If different from child):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Home**

**Phone #:** \_\_\_\_\_ **Work** **Phone** **#:** \_\_\_\_\_

\_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

\_\_\_\_\_ **Employer** **Name**

**&** **Address:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Address (If different from child):** \_\_\_\_\_

\_\_\_\_\_ **City:** \_\_\_\_\_

\_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Home**

**Phone #:** \_\_\_\_\_ **Work** **Phone** **#:** \_\_\_\_\_

\_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

\_\_\_\_\_ **Employer** **Name**

**&** **Address:** \_\_\_\_\_

**Parent/Guardian Marital Status:** ( ) Married ( ) Single ( ) Widow(er) ( ) Separated\* ( ) Divorced\*

**\*If Divorced/Separated, who has legal custody of child?** \_\_\_\_\_

**\*May non---custodial parent pick---up the child?** ( ) Yes ( ) No ( ) Other/Details: \_\_\_\_\_

**If non---custodial parent MAY NOT pick---up child, documentation from the court is required for our files. Child's Living Arrangements:** ( ) Both Parents ( ) Mother ( ) Father ( ) Other: \_

Other people in household (indicate relationship: i.e., brother, grandmother, etc.)

Name

Relationship

Age

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**Child may be released to the person(s) signing this application or to the following:** \*we will check the address with a picture I.D. of the person that the child may be released to.

Name: \_\_\_\_\_ Phone \_\_\_\_\_ #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_ #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_ #: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

**Persons to contact in the case of an emergency when parents/guardians cannot be reached:**

Name and relation to the child

Address

Phone#/Cell#

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Emergency Transportation Authorization:** In the event of an emergency I give the First Blessings Preschool Staff and local EMS my permission to evacuate or transport my child from the property of First Blessings Preschool.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Child's Medical and Health Information**

Child's Primary Physician/Pediatrician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

Child's Preferred Hospital: \_\_\_\_\_

My child has the following special needs: \_\_\_\_\_

My child is currently on medication(s) prescribed for long---term continuous use and/or has the following pre---existing illness, allergies, or health concerns: \_\_\_\_\_

**Emergency Medical Authorization**

I hereby authorize First Blessings Preschool Development Center staff to contact me immediately at (phone #) \_\_\_\_\_ should my child:

\_\_\_\_\_ D.O.B. \_\_\_\_\_ become ill, injured, or has an emergency while my child is in their care. In the event the parents (legal guardians) cannot be reached, the Preschool Staff shall be authorized to secure and consent to such medical attention, treatment and services for my child as deemed necessary. Any qualified person providing such required medical attention, treatment, or services may accept my consent as if given by me in person. I agree to assume all responsibility for payment of all medical cost incurred and will not hold First Blessings Preschool, its pastors, employees, agents, and volunteer workers responsible or liable for any emergency, mishap, accident, or illness that may occur while my child is in their care. I also release First Blessings Preschool, its pastors, employees, agents, and volunteer workers of any and all liability in connection to the authorization of medical treatment.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission for Photographs**

( ) I DO ( ) I DO NOT give my permission for my child to be photographed within the First Blessings Preschool.

( ) I DO ( ) I DO NOT give my permission for pictures to be taken for use outside the First Blessings Preschool. I understand this may include church publications and other forms of media.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission to send text alerts/reminders**

In the event of a center message or an emergency school closing we will send a message to everyone enrolled. However, our center follows the same inclement weather closings as Catoosa County Schools, so continue to listen to radio or TV for those closings. Please list name and number to be entered for future messages.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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**OFFICE USE ONLY**

Date registration received: \_\_\_\_\_ Entrance Date: \_\_\_\_\_

Registration amount: \_\_\_\_\_ Class: \_\_\_\_\_

Date paid: \_\_\_\_\_ Check number/cash: \_\_\_\_\_