

Manassas Baptist Preschool  
Child Registration Form



**Child's Information**

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Nickname(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

**Home Address**

Street: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

- Program Option:**
- School Year Program (18 months - 5 years)
  - Summer Program (18 months - 12 years)
  - Both (18 months - 5 years)

- Program Days:**
- Tuesday & Thursday
  - Monday, Wednesday & Friday
  - Monday through Friday

- Program Hours:**
- 9 am - 12 pm Half Day
  - 9 am - 4 pm Full Day

Are you interested in extended care? \_\_\_\_\_ **If yes, what time would you like to pick up your child?** \_\_\_\_\_

**Are there any chronic physical problems/pertinent developmental information/special accommodations needed for this child?**

**If so, please detail:**

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**Child's Information (continued)**

**Previous Child Day Care Programs and Schools Attended:**

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**If child attends this Preschool and Another School/Program, Please list the name of the School/Program:**

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**Parent(s)/Guardian(s) Information**

**Parent or Guardian 1**

**Last Name:**

**First:**

**Email:**

**Home Address:**

**Street:** \_\_\_\_\_

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

**Phone Number:** \_\_\_\_\_

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

**Employer Address:**

**Street:** \_\_\_\_\_

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

**Employer Phone Number:** \_\_\_\_\_

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Parent(s)/Guardian(s) Information (continued)

Parent or Guardian 2

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address:

Street: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address:

Street: \_\_\_\_\_

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

Employer Phone Number: \_\_\_\_\_

Emergency Information

Allergies or Intolerance to Food, Medication, etc. and Action to Take in an Emergency:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Physician Name: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

Physician Full Address:

Street: \_\_\_\_\_

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

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**Emergency Information (continued)**

List 2 people to reach as Emergency Contacts in case parent(s) cannot be reached:

**Emergency Contact 1**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Home Address:

Street: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Emergency Contact 2**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Home Address:

Street: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

**Other than Parent(s) who is Authorized to Pick Up Child?**

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**Person(s) NOT Authorized to Pick Up Child:**

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- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

**AGREEMENTS**

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. \*\*
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

**SIGNATURES**

X

X

Parent(s) or Guardian(s)

Parent(s) or Guardian(s)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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**FAMILY HANDBOOK ACKNOWLEDGEMENT**

After reading the Manassas Baptist Preschool Family Handbook, please sign the appropriate lines below and return the form to the Front Office.

We, the parent(s)/guardians of \_\_\_\_\_  
have read and understand the contents of the Manassas Baptist Preschool Family Handbook.

- We agree to follow the policies outlined in the Manassas Baptist Preschool Family Handbook.
- We understand that the school reserves the right to amend policies and procedures when necessary, and that we will abide by changes. Any changes made to the Handbook will be distributed by the School. The Family Handbook is not an enrollment contract.

X

X

Parent/Guardian

Parent/Guardian

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_