



Ball Camp Baptist Church  
**PARENTS'**  
**DAY OUT**  
& Preschool Program

## 2019/2020 Registration

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

Preferred Name: \_\_\_\_\_

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

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

State: \_\_\_\_\_

Zip: \_\_\_\_\_

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

Child's Age on August 15<sup>th</sup> 2019: \_\_\_\_\_

Is there any information that we need to know about your child?  
(Special health or developmental concerns, allergies, fears, etc...)

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

How did you hear about our program? (Please circle)

Friend/Family

Internet

Facebook

Church Sign

Other: \_\_\_\_\_

**Parent/Guardian Information**  
**MOTHER'S INFORMATION**

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Mother's Full Name:

Marital Status:

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Address/City/State/Zip (if different from child)

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Cell Phone:

Home Phone:

Work Phone:

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Email Address:

Are you on Facebook?

**FATHER'S INFORMATION**

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Father's Full Name:

Marital Status:

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Address/City/State/Zip (if different from child)

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Cell Phone:

Home Phone:

Work Phone:

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Email Address:

Are you on Facebook?



## Allergy and Medical Information

\_\_\_ My child has no known health problems which would affect his/her school day.

\_\_\_ My child's health needs include the condition(s) checked:

\_\_\_ Allergies: \_\_\_ Seasonal  
                  \_\_\_ Bees  
                  \_\_\_ Food (Please Specify) \_\_\_\_\_

\_\_\_ ADD or ADHD (diagnosed)

\_\_\_ Asthma

\_\_\_ Diabetes: \_\_\_ Type 1  
                  \_\_\_ Type 2  
                  \_\_\_ Takes Insulin

\_\_\_ Hearing or vision problems

\_\_\_ Seizures: Type: \_\_\_\_\_ Date of last seizure: \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

Child's Doctor and Phone Number:

\_\_\_\_\_

Hospital Preference:

\_\_\_\_\_

Please list any medications your child takes on a regular basis:

\_\_\_\_\_

\_\_\_\_\_

Please list any other health information for your child:

\_\_\_\_\_

\_\_\_\_\_

## Permission for Photographs

All photographs taken at Ball Camp Baptist Church will be used within the program for displays and/or for our church's website and Facebook page. We will never post your child's name or any personal information about your child with any of their pictures.

\_\_\_\_\_ Yes, photos may be taken of my child and used in displays, advertisements, on the church website, and on BCBC PDO and BCBC Facebook pages.

\_\_\_\_\_ No, photos may **not** be taken of my child and used in displays, advertisements, on the church website, or on BCBC PDO and BCBC Facebook pages.

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**Signature**

**Date**

## Potty Training Form

We realize that all children attending our program are at different stages of potty training. Please check the appropriate box for your child's potty-training routine. We will assist all children in their potty-training routines any way we can.

\_\_\_\_\_ My child is in diapers.                      Cloth / Disposable

\_\_\_\_\_ My child is in pull-ups, but is beginning to potty train at home. Please take my child to the potty and provide assistance.

\_\_\_\_\_ My child is fully potty trained. However, if he/she needs assistance, I give the staff permission to assist my child.

\_\_\_\_\_ My child is fully potty trained and does not require assistance. I do **not** give the staff permission to help my child. I do realize by choosing this option, I will be contacted if my child has an accident and will need to come to the school to change my child.

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**Signature**

**Date**

\*\*Please note: Your child **MUST** be potty-trained before entering into our 3-year-old class.

## Registration Checklist

**Please initial by each statement after reading.**

\_\_\_\_\_ I understand that my registration fee, totaling \$125.00, is non-refundable. I also understand that filling out this form and paying my registration fee does not guarantee a spot in the program. However, if a spot is not available for the beginning of the 2019/2020 school year, my check will be held and not deposited until a spot becomes available.

\_\_\_\_\_ I understand that the registration form and fee are for the 2019/2020 school year only. Forms must be completed and fees must be paid for each school year.

\_\_\_\_\_ I understand that registration is a “first come, first serve” basis. If my child is not placed in a class upon registration, he/she will be placed on a waiting list until a spot becomes available in the appropriate class.

\_\_\_\_\_ I understand and have read the Parent Handbook. I also understand that changes may be made throughout the school year and I will be kept informed of these changes.

\_\_\_\_\_ I understand that Ball Camp Parents’ Day Out & Preschool is a Christ-centered program and that Biblical values will be taught.

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**Parent’s signature**

**Date**