

APPLICATION FOR ADMISSION
Mother's Day Out Learning Center
First Baptist Church Denton

Check session and days you are applying for:

Monday__ Friday__

Child's Name _____ Phone _____

Home Address _____ City _____ Zip Code _____

Age _____ Birthdate _____ Sex: (M) (F)

Father's Name _____ Work Phone _____ Cell _____

Mother's Name _____ Work Phone _____ Cell _____

Primary Email Address: _____ Alternate Email: _____

Siblings' names and ages: _____

Approved Pick Up List:

List of persons **Other Than Parents** approved to pick up your child or that may be called in case of an emergency:

Name	Relationship	Phone Number(s)
1. _____		
2. _____		
3. _____		

Medical Information:

Is there any evidence of hearing, vision, learning disabilities or speech difficulties?

Any additional special needs or information that would be helpful to the teachers? (i.e.: fears, medical conditions, custodial issues):

Has child had any of the following: (please include date)

Convulsions _____
Heart Ailment _____
Bronchitis _____
Asthma _____
Seizure Disorder _____
Diabetes _____
Kidney Ailment _____
Tuberculosis _____
Other _____

Please explain _____

Church Affiliation: _____

Would you like more information about visiting First Baptist Church of Denton? _____