

Leesville Baptist MMO Enrollment Information



Name of Child _____

First Middle Last

Date of Birth _____ Age on 9/2017 _____

Nickname/goes by: _____

Address _____ City, State, Zip _____

Home Phone _____

Brothers/Sisters and ages _____

Mother / Guardian's name _____

Address if different from child's _____

Cell phone _____ Email address _____

Work phone _____ Occupation _____

Father / Guardian's name _____

Address if different from child's _____

Cell phone _____ Email address _____

Work phone _____ Occupation _____

If a parent or guardian cannot be reached, list contacts who have approval to pick up your child

Name Relationship Phone #

Name Relationship Phone #

Family's Church Affiliation: _____

Previous centers child has attended _____

Please list any information, which will be helpful for your child's experience in a group setting (play habits, eating habits, fears, likes or dislikes.)

Medical Information: Information will remain confidential (except allergies will be posted in the lunch room)

Any known allergies (medicines, foods, bee stings, etc.) Please be specific

Does your child have any disabilities, medical conditions or any other additional information his or her teacher should be aware of? _____

Does your child take any medication regularly _____

If so, explain _____

Are your child's immunizations up to date? _____

Child's primary physician _____

Phone number _____

Hospital preference _____

Thank you for trusting your child with us at Leesville Baptist MMO!
We are honored to have the opportunity to work with you and your child.