

2023-2024
PRESCHOOL REGISTRATION FORM
MIDWOOD BAPTIST PRESCHOOL
CHARLOTTE, NC

Child's Name _____
Last First Middle

Name called _____
Age by 8-31 _____ Date of Birth _____ Sex _____
(Must be one year old by 8-31)

CLASS REQUEST FOR 2023-2024

Check days desired. Options are 2, 3, or 4 days

MT _____ MW _____ MF _____ TW _____ TF _____
MTW _____ MTF _____ MWF _____ TWF _____ MTWF _____

A registration and activity fee of \$95.00 must accompany each application for the first child and \$75.00 for each additional sibling.

- All fees are nonrefundable.
- 10% tuition discount for Midwood Baptist Church members.
- 10% tuition discount for each additional sibling.
- **10% discount on second child (applies to either the youngest child or the child coming the least number of days)*
- **We do NOT accept forms before the dates given, via e-mail or through the U.S. Mail**
- **Current immunization records due by the First Day of School.**

Home Address _____ City _____ Zip _____

Home Phone _____ E-mail Address _____

Father's Name _____ Father's Cell Phone _____

Father's Business _____ Business Phone _____

Mother's Name _____ Mother's Cell Phone _____

Mother's Business _____ Business Phone _____

Child Lives with _____

Siblings (list name, sex and age): _____

Church Affiliation _____

(over)

Persons authorized to pick up your child (other than parents):

Name: _____ Relationship _____

Name: _____ Relationship _____

List below person to contact in case of emergency (other than parents):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Physician's Name _____ Phone _____

Health Insurance Carrier/Policy # _____

Hospital Preference _____

Allergies: _____

Should my child _____ become ill or suffer an accident of any type while in the care of Midwood Baptist Church Parents' Morning Out, the director shall make every effort to contact me immediately. In the event said personnel are unable to reach me, said personnel or employees of MBC Parents' Morning Out are authorized to secure any medical attention, treatment, and services for my child as may be deemed necessary. Any qualified persons providing such required medical attention, treatment, or services may accept this signed consent form. I agree to assume responsibility for payment of all medical costs incurred.

I give permission for my child, _____, to be transported by car or ambulance to an emergency treatment center, and will hold employees of MBC harmless.

Signature Parent/Guardian / Date
