



Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Child's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_/\_\_\_/\_\_\_ Phone \_\_\_\_\_ Church member? Y/N Where \_\_\_\_\_

Previous Childcare (if applicable) \_\_\_\_\_

Medications taken regularly \_\_\_\_\_

Allergies/Reactions \_\_\_\_\_

Father's Name \_\_\_\_\_ SS# \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_

Address  Same as child  Other \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ May we text you? Y/N May we send picture messages? Y/N

E-mail Address you will check often \_\_\_\_\_

Mother's Name \_\_\_\_\_ SS# \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_

Address  Same as child  Other \_\_\_\_\_

Employer \_\_\_\_\_ Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_ May we text you? Y/N May we send picture messages? Y/N

E-mail Address you will check often \_\_\_\_\_

### Statement of Cooperation

In making application for my child, I take full responsibility for all weekly and/or monthly fees as well as penalty fees incurred in regards to my child's enrollment at Firm Foundations. I understand that there are no refunds on registration fees (materials included). I will also give a two week written notice upon leaving this program along with the full tuition for the remainder of my term.

I also give permission for my child to take part in all school activities and absolve the school/church from liability to me or my child because of any injury to my child at school/church or during any activity.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

