

Registration Fee Received: _____

Class Code _____

Amount: _____

Check # _____ or Cash _____

Bookkeeper _____

For Office Use Only

Lexington Park Baptist Church
46855 South Shangri-La Drive
Lexington Park, MD 20653

Preschool Application/Registration

Date: _____

Pupil's Name: _____
(Last) (First) (Full Middle Name) (Name Used at Home)

Gender _____

Residence Address:

Mailing Address (if different):

Email Address: _____

Home Phone #: _____

Cell Phone #: _____

Date of Birth: _____

Birthplace: _____
(City/State)

Father's Name: _____
(Last) (First) (Middle)

Father's Employer: _____ Phone: _____

Business Address: _____

Mother's Name: _____
(Last) (First) (Middle)

Mother's Employer: _____ Phone: _____

Business Address: _____

Other Adults in Household: _____

Other Children in Household: _____

Languages Spoken in the Home: _____

Church Affiliation (Church You Attend) _____

If No Membership, Give Church Preference _____

How did you become acquainted with LPBC Preschool? _____

What is your primary reason for enrolling in LPBC Preschool? _____

In case of emergency or illness of the child, who should be called if the parents cannot be contacted?
_____ Phone: _____

Does your child have any known allergies? _____
If so, please document _____

If child becomes ill and parent cannot be contacted, may the child be sent to St. Mary's Hospital, if deemed necessary? YES _____ NO _____

Has your child ever had: Measles? _____ Mumps? _____ Diphtheria? _____ Chicken Pox? _____
(If yes please indicate month and year.)

Other (Describe) _____

Is your child on any medication? _____ (If yes, please ask office staff for special forms.)

Has your child ever received medical attention for any physical disability (e.g. seizures, asthma)?

If yes please explain: _____

Has your child ever received medical care for hyperactivity or hypertension? _____ If yes, please explain:

Is your child used to playing with other children his own age? _____ Is your child toilet trained? _____

Does your child tend to become overly excited, throw tantrums, break toys excessively, or get into fights excessively? _____ If yes, please explain: _____

WAIVER OF CLAIM

I, the undersigned, certify the above information to be correct and assume all responsibility for the welfare of child herein, do hereby waive any and all claims against the Lexington Park Baptist Church Preschool, Lexington Park, Maryland, or any members of, or any person or persons in the employment of said school and church for any claims for damage resulting from injury, or fatality or disability to the aforementioned child or myself, or any expense connected herein from this date and at all times subsequent thereto not covered by a policy or policies of insurance covered by the school.

I understand and agree that the Lexington Park Baptist Church Preschool will teach Christian principles.

I agree to provide medical forms as required by the state of Maryland and the St. Mary's County Health Department.

In witness thereby, I have hereto set my hand and seal.

Date: _____ Parent: _____