

**Application for Enrollment**  
**Bethany Lane Baptist Child Care Center**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
                    First                    Middle                    Last  Month    Day    Year

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

Child's Sex: [M] [F]      First Day of Enrollment \_\_\_\_\_      Date of Withdrawal \_\_\_\_\_

Circle Days to Attend:    MO                      TU                      WE                      TH                      FR

Hours of Arrival \_\_\_\_\_      Departure \_\_\_\_\_

The child will be released only to the person signing this application and the following emergency contact persons. (They should be listed on the emergency card.) Legal authorities will be contacted for children left at the center one-hour after closing time of the center.

Name	Address	Phone	Relationship
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E-mail Address: \_\_\_\_\_

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Mother/  
Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home  
Address \_\_\_\_\_  
(if different from child's address)

Employer \_\_\_\_\_ Office Phone \_\_\_\_\_  
Employer  
Address \_\_\_\_\_

Father/  
Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home  
Address \_\_\_\_\_  
(if different from child's address)

Employer \_\_\_\_\_ Office Phone \_\_\_\_\_  
Employer  
Address \_\_\_\_\_

Parent's Marital Status:      Married                      Single                      Divorced

Pediatrician's Name \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_

My child has the following allergies and/or special needs.

\_\_\_\_\_

How did you learn about Bethany Lane Baptist Child Care Center?

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