



Tuition payments are considered past due after the 15th of each month. I hereby pledge to pay my financial obligations to Berean on the date due and understand that it may be necessary to withdraw my child if arrangements are not made to pay for a past due account: \_\_\_\_\_ (please sign)

I appreciate the standards of Berean Baptist Church and do not tolerate profanity, obscenity in word or action, dishonor to God and the Word of God, or disrespect to the school personnel.

In the event of a medical emergency, I authorize a qualified staff member to administer medical treatment to include first aid and CPR with the understanding that every effort will be made to contact me immediately. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

I understand the policies and procedures stated in the handbook and on this application and agree thereto.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**FOUNDATIONS**  
CHRISTIAN PRESCHOOL

a ministry of



**BEREAN BAPTIST CHURCH**



**Childcare  
Application**

## STUDENT INFORMATION

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Birthplace \_\_\_\_\_

School/Daycare Last Attended \_\_\_\_\_

Address \_\_\_\_\_

## FAMILY INFORMATION

Father's Name \_\_\_\_\_

Employment \_\_\_\_\_

Position \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Text? Y or N

Mother's Name \_\_\_\_\_

Employment \_\_\_\_\_

Position \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Text? Y or N

## MEDICAL INFORMATION

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_ Date of last exam \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Policy # \_\_\_\_\_

Dentist \_\_\_\_\_

Phone \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_  
(Last) (First) (Middle)

Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_

## GENERAL INFORMATION

Please choose your program: \_\_\_\_\_ 2 Day (Tues/Thurs) \_\_\_\_\_ 4 Day (Mon-Thurs)

How did you hear about Foundations? \_\_\_\_\_

Reason for selecting this center: \_\_\_\_\_

Application must be filled out completely before it can be processed. All fees due upon registration must accompany this Student Application and are not refundable. An interview with the parents and the student may be required before final acceptance.