Leesville Baptist MMO Enrollment Information

Name of Child_____
First Middle Last

Date of Birth_____ Age on 8/31/2019 _____

Nickname/goes by: _____ Gender: _____

Address _____City, State, Zip _____

Home Phone _____

Brothers/Sisters and ages _____

Mother / Guardian's name _____

Address if different from child's_____

Cell phone _____ Email address _____

Work phone _____ Occupation _____

Father / Guardian's name _____

Address if different from child's _____

Cell phone _____ Email address _____

Work phone _____ Occupation _____

If a parent or guardian cannot be reached, list contacts who have approval to pick up your child
Name Relationship Phone #
_____

Name Relationship Phone #
_____

Family's Church Affiliation _____

Previous centers child has attended _____

Please list any information, which will be helpful for your child's experience in a group setting (play habits, eating habits, fears, likes or dislikes.)

Medical Information: Information will remain confidential (except allergies will be posted in the lunch room)

Any known allergies (medicines, foods, bee stings, etc.) Please be specific and describe the type of reaction your child has so our teachers can look for symptoms:

Does your child have any disabilities, medical conditions or any other additional information his or her teacher should be aware of?_____

Does your child take any medication regularly _____

If so, please explain _____

Are your child's immunizations up to date? _____

Child's primary physician _____

Phone number _____

Hospital preference _____

Any additional information we should be aware of (ex: family speaks another language at home):

Thank you for trusting your child with us at Leesville MMO!
We are honored to have the opportunity to work with you and your child.