



PERSONAL INFORMATION

Child's Name: _____ Goes By: _____

Birthdate: _____ Male / Female

Home Address (including city and zip code): _____

With whom does your child reside: Mother / Father / Both / Other

Father's Name: _____ Employer: _____

Home Phone: _____ Work/Cell Phone: _____

Father's Email: _____

Mother's Name: _____ Employer: _____

Home Phone: _____ Work/Cell Phone: _____

Mother's Email: _____

EMERGENCY MEDICAL INFORMATION

In an emergency, when a parent cannot be reached, contact: _____

Emergency contact's relationship with your child: _____

Doctor's Name: _____ Doctor's Phone Number: _____

Allergies: _____

Medical Problems/Issues: _____

OTHER INFORMATION

What state of potty training is your child?

What comforts your child when upset?

Siblings and ages:

These individuals may pick up your child:

Other relevant information we need to know about your child:

Church you attend:

May we have permission to use photographs taken of your child while at OFBC? YES / NO
(These pictures may be used on our church website, Facebook page, advertising, etc.)

All the information on this form is accurate and correct. I understand that this application must be completed and returned with a \$50.00 non-refundable deposit (check, cash, or money order) to guarantee my child's placement for the 2024/2025 school year. I agree to grant permission to the staff to meet the needs of my child in case of emergency.

- 1) My child's immunization records are attached. YES NO
(We must have these before preschool begins.)

- 2) Please attach any custody or restraining orders, if applicable.

Parent's Signature

Date Submitted

For more information, please contact us:

Oakland First Baptist Church
www.oaklandfirstbaptist.org
901.465.9346
8695 US Highway 64
Oakland, TN 38068
awilliams@oaklandfirstbaptist.org

I am interested in learning more about Oakland First Baptist Church family.

YES NO