

**Infants**  
Mon. & Wed. \_\_\_\_\_  
Mon/Wed/Fri \_\_\_\_\_  
Tues & Thurs \_\_\_\_\_  
One Day (which) \_\_\_\_\_

**One-Year Olds**  
Mon & Wed \_\_\_\_\_  
Mon/Wed/Fri \_\_\_\_\_  
Tues & Thurs \_\_\_\_\_

**Two-Year Olds**  
Mon & Wed \_\_\_\_\_  
Mon /Wed /Fri \_\_\_\_\_  
Tues & Thurs \_\_\_\_\_

**Three-Year Olds**  
Mon/Wed/Fri \_\_\_\_\_  
Tues & Thurs \_\_\_\_\_  
Mon thru Fri \_\_\_\_\_

**Four-Year Olds**  
Mon/Wed/Fri \_\_\_\_\_  
Mon thru Fri \_\_\_\_\_

**K-5 (M - F) \_\_\_\_\_**

**(SEPTEMBER 1 DOB IS USED TO DETERMINE CLASS)      DATE \_\_\_\_\_**

**New Student \_\_\_\_\_**

**Returning Student \_\_\_\_\_**

## **REGISTRATION FORM (SCHOOL YEAR 2012-2013)**

Child's name \_\_\_\_\_  
Last \_\_\_\_\_ First (what we will call your child) \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ What individuals live in the home? \_\_\_\_\_

**\*\*Email Address (primary that is checked regularly) \_\_\_\_\_**

**Mother's Name \_\_\_\_\_ Marital Status \_\_\_\_\_ Race \_\_\_\_\_**

**Employer \_\_\_\_\_ Occupation \_\_\_\_\_**

Home Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

**Father's Name \_\_\_\_\_ Marital Status \_\_\_\_\_ Race \_\_\_\_\_**

**Employer \_\_\_\_\_ Occupation \_\_\_\_\_**

Home Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**(Only complete if different from Mother's address)**

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

**Other Guardian (ONLY if child does not live with parent) \_\_\_\_\_**

Guardian's Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**OTHER LEARNING EXPRESS SIBLING & CLASS \_\_\_\_\_**

**ANY REASON YOUR CHILD WOULD NEED MEDICATION, TREATMENTS, ETC. AT SCHOOL? \_\_\_\_\_**  
**(ONLY epi-pens & inhalers for emergency purposes w/approved plan in place)**

**WHERE DO YOU CURRENTLY WORSHIP & FELLOWSHIP? \_\_\_\_\_**

**IF YOU WOULD YOU LIKE INFORMATION ABOUT SOUTH MAIN BAPTIST CHURCH, PLEASE CIRCLE AREAS OF INTEREST:**

**Preschool Ministry    Children's Ministry    Youth Ministry    Bible Studies**

**Music Ministry    Women's Ministry    Men's Ministry    Mission Opportunities**

**OFFICE USE ONLY \_\_\_\_\_**

Family Data Keyed \_\_\_\_\_ Registration & Materials Fee Billed on Ledger \_\_\_\_\_ Billing Box Setup \_\_\_\_\_

Birth Certificate On File \_\_\_\_\_ Current SC Immunization Form \_\_\_\_\_

**REVISED 1/12**