Office Use

Date: _____
Time: _____
Check #: _____
Amount: _____

2008 Enrollment Application

McKinney Street Baptist Church
3000 E. McKinney, Denton, TX 76209
Phone: 940-387-3650
www.msbcdenton.org

Child's Name (first, middle, last): _____

Home Address: _____

City/State/Zip _____ Home Phone: _____

Child's Age (on Sept. 1, 2008) _____ Birth date (mo./day/yr.) _____ Sex: M_____ F_____

Information about the child's Mother and Father

	Mother:	Father:
Business Name		
Business Phone		
Cell Phone		
Driver's License		
Email		

People (in addition to parents) for Emergency Contact and/or Authorized to Pick-up Child

Name	Phone	Driver ID #	Relationship	Emer Contact		May Pick-up	
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No

Child's Physician

Name	Address	Phone Number

Does your child have any allergies, existing illnesses, previous serious illness, and injuries during the last 12 months? (food, pet hair, asthma, etc.) _____

_____

Primary language spoken in the home: _____

Is there any evidence of hearing, vision, or speech difficulties? _____ If so, explain _____

Additional information that would be helpful to the teachers? (i.e. fears, medical conditions, custodial Issues) _____

_____

Do you actively attend a local church? _____ Church Name _____

In case of an emergency, such as serious illness or accident, and in the event that neither my husband nor I could be reached, I authorize McKinney Street Baptist Church to contact my doctor and/or nearest hospital for emergency treatment.

Parent/Legal Guardian signature: _____ Date: _____