

# Somerville Baptist Preschool

41 Main Street

P.O. Box 162

Somerville, AL 35670

(256) 778-8843

“Preschool with a Purpose”

Addene Matthews, Director

Registration Form

Please print clearly with blue or black ink.

Program Applied For (please circle one)

Preschool  
Summer Program

Mother's Day Out

After-School Care/

2 day\_\_\_\_ 3 day\_\_\_\_

School Year:\_\_\_\_\_

Childs Full Name:\_\_\_\_\_

Name your child goes

by:\_\_\_\_\_

Address:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip

Code:\_\_\_\_\_

Birthday:\_\_\_\_\_ Child's Age:\_\_\_\_\_

Parent/Guardian with legal

custody:\_\_\_\_\_

Parents are: Married\_\_\_\_ Divorced:\_\_\_\_ Separated:\_\_\_\_ Widowed:\_\_\_\_

Single:\_\_\_\_

Mother's Full Name:\_\_\_\_\_ Home

Phone:\_\_\_\_\_

Address:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip

Code:\_\_\_\_\_

Name of Employer:\_\_\_\_\_ Work

Phone:\_\_\_\_\_

Pager or Cell Phone:\_\_\_\_\_

Father's Full Name:\_\_\_\_\_ Home

Phone:\_\_\_\_\_

Address:\_\_\_\_\_

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip

Code: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work

Phone: \_\_\_\_\_

Pager or Cell Phone: \_\_\_\_\_

Please list anything else that would be beneficial for the staff of Somerville Baptist Preschool to know concerning your child (examples: what comforts your child, what upsets your child, etc....)

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\*\*\*Application continued on

other side\*\*\*

Emergency Contacts

Name: \_\_\_\_\_ Phone

Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone

Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone

Number: \_\_\_\_\_

Person(s) authorized to pick up my child

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Person(s) NOT authorized to pick up my child

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

My child \_\_\_\_\_ has permission to walk with adult supervision to various destinations within the town of Somerville.

Examples: Library, Fire Department, Park, Town hall, ect.....

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Parent Signature

I understand that I (the parent) am responsible for any cost associated with medical treatment for injuries that are a result of normal daily activities.

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Date

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Father's Name (print)

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Father's Signature

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Date

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Mother's Name (print)

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Mother's Signature