



Preschool Registration Form 2025-2026

Child's name: _____ Name child goes by: _____

Birth date: _____ Gender: ☐ Male ☐ Female

We use Time-Out for discipline. What other method works for your child?

Please check one:

My child is: ☐ Active/Verbal

☐ Somewhere in-between

☐ Shy/Quiet

Siblings: ☐ Yes ☐ No Names/Ages:

Parents/Guardian Information

Father: _____

Mother: _____

Address: _____

Address: _____

City: _____ Zip: _____

City: _____ Zip: _____

Cell: _____

Cell: _____

Marital status: ☐ Married ☐ Divorced

☐ Separated ☐ Widowed

☐ Single

If separated or divorced who has legal custody?

☐ Mother ☐ Father ☐ Other _____

(court papers are required if the non-custodial parent cannot pick-up)

Email address _____

Email address _____

Authorized Pickup

Name: _____

Phone #1 _____

Relation: _____

Phone #2 _____

Name: _____

Phone #1 _____

Relation: _____

Phone #2 _____

Other Info: _____

Registration Paid: _____ Date: _____

Tshirt Size: _____

Medical Information

Please answer the following questions:

1. Is your child currently taking any medication? ☐ Yes ☐ No Describe: _____
2. Does your child have any food allergies? ☐ Yes ☐ No Describe: _____
3. Does your child have any allergies or reactions to insect stings or bites? ☐ Yes ☐ No Describe : _____
4. Has your child had asthma or wheezing? ☐ Yes ☐ No
5. Has your child ever had chicken pox? ☐ Yes ☐ No Date: _____
6. Has your child had allergic skin reactions such as hives, welts, contact dermatitis, etc? ☐ Yes ☐ No Which ones: _____
7. Does your child have any developmental or intellectual delay? ☐ Yes ☐ No Describe : _____

Please answer the following:

1. My child's immunization and health records are current. You may provide Union Baptist Church a copy for their records. Initial _____
2. I give permission for my child's pictures and/or videos to be used on bulletin boards, newsletters, Union Baptist Church website and social media any other marketing program to publicize Christian programs. Names will not be used. Initial _____
3. I (am a) ☐ Union member ☐ Attend Union
☐ Member of or attend another local church or place of worship. Where?

I understand it is my responsibility to change any information on this form as needed. By the signature below, I am verifying that the above information is true and correct to the best of my knowledge.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____