



Preschool Registration Form 2026-2027

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 Yes No Describe : _____
insect stings or bites? _____
- 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 Yes No Which ones: _____
as hives, welts, contact dermatitis, etc? _____
- 7. Does your child have any developmental or Yes No Describe : _____
intellectual delay? _____

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: _____