SUMMER KIDS' REGISTRATION – 2024
June 3rd – July 26th
Ages 3-12

Child's Name:_____ Age:_____ Gender:_____

Address:_____

Birth Date:_____

Father's Name:_____ Employed by:_____ Ph#:_____

Mother's Name:_____ Employed by:_____ Ph#:_____

Father's Cell:_____ Mother's Cell:_____

Child lives with: Both Parents_____   Mother _____   Father _____   Guardian _____

Name of church you attend:_____

Are you a member?   Yes   No   Do you attend regularly?   Yes   No

Has your child every been diagnosed with emotional or psychological problems?   Yes   No

If yes, please explain:_____

Does child have any allergies?   Yes   No   Does he/she take medication for allergies?   Yes   No

Does child currently take medication of has he/she been diagnosed with ADD or ADHD?   Yes   No

Name of person responsible for paying bill:_____

How did you hear about Bethel Baptist School? (please indicate)   Friend   Internet   Facebook   Other

Reason for selecting Bethel Baptist School:_____

Name of child's physician:_____ Ph#:_____

What school does he/she attend? _____

***REQUIRED INFO: **(1) A copy of child's Birth Certificate**
                                      (2) Immunization Form
                                      (3) Registration fee
You must have the completed registration form, birth certificate, immunization form, your registration fee, and first week's tuition paid before your child is considered registered in our summer program. You also must have read the Summer Kids Handbook and agree to the Payment Plan, Code of Conduct, and Dress Code that has been laid out. Thank you for allowing us to invest in your child over the summer.

By signing below you have completed and agree to the above statement.

_____   _____
Signature   **Relationship to child**

SUMMER KIDS - 2024

Student:_____

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Home Phone:_____   Email:_____

Mother's Name:_____   Employed by:_____

Work Phone:_____   Cell Phone:_____

Father's Name:_____   Employed by:_____

Work Phone:_____   Cell Phone:_____

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Who should we contact in case of emergency if parents cannot be reached:

Name:_____   Phone:_____

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List who **MAY** pick up your son/daughter from childcare and their phone number.

1. _____   _____

2. _____   _____

3. _____   _____

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List who **CANNOT** pick up your son/daughter from childcare.

1. _____   _____

2. _____   _____

3. _____   _____

Parent Signature:_____   Date:_____

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I hereby give my consent for medical treatment to be administered if necessary in the event that I cannot be reached.

Parent Signature:_____   Date:_____