

Child Information

Registration Date: _____

Child First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Home Phone: _____

Child's Address: _____

Gender: [] Male [] Female Date of Birth: _____ Age: _____

School Information

Grade Completed in May 2017 _____ Name of School _____

Address of school _____ Phone: _____

Is your child in a special education program _____? (for example) speech

Parent/Guardian Information

Parent/Guardian First Name: _____ M.I. _____ Last Name: _____

Child lives with: _____ Both Parents _____ Mother _____ Father _____ Other (please specify)

Relationship to Child _____ Home Phone : _____ Cell Phone: _____

Employer Name: _____ Work Phone: _____

Business Name: _____

Can you be contacted at work? _____ Yes _____ No

Where is it easier to reach you? _____

Email: _____

Medical Information

List any existing medical conditions, medication and/or special attention your child may require?

Physician's Name: _____ Phone: () _____

Address: _____

Preferred hospital: _____

Is your child taking any current medication? If so, please list dose and times taken

Significant health condition: _____

Allergies: _____

Special diet/food restrictions: _____

Any limitations or concerns? _____

Please describe any behavioral difficulties that your child has, e.g. hitting , biting, self-injurious, behaviors, etc. Please be specific. Withholding information may hinder our ability to handle any crises or challenging situations: _____

Emergency Contacts & Authorized Pickup Persons:

Name and phone of persons to whom we may release your child other than parent or guardian

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

Not able to pick up the following children: _____

Additional Comments & Information:

Is there is any other information that that would be helpful to our management and teaching staff?

Signature:

Parent’s Signature: _____ Date: _____

Release of Liability

I hereby release Y.E.S.U at Corona First Baptist and the staff of Y.E.S.U from any/all liability connected and associated with my child during the duration of this program.

In case of an emergency, I give my consent for the staff of the Y.E.S.U to act in my behalf.

I have read the liability policy statement and agree to abide by this policy.

Signed: _____ Date _____

(Parent or Legal Guardian)

Mail completed application along with a non-refundable registration fee, and a non-refundable 1st week's tuition.
See cost below:

- \$45.00 registration fee, plus \$75.00 1st week's tuition

Mail to:
Y.E.S.U
Corona First Baptist Church
2703 Harkreader Road
Mt. Juliet, TN 37122
c/o Murita Hayes, Director

**Make checks payable to Y.E.S.U at Corona*

Return before or no later than May26, 2017!