

Central Baptist School

5470 Raleigh LaGrange Road
 Memphis, TN 38134
 (901) 386-8161

2003 - 2004 Registration for Before-&-After School Care

Office Use Only

Student Information (Please use child's legal name)		Entering Grade:	
Last	First	Nickname	
On which days will this student attend?			
Early Care (6:30-7:30 a.m.)	<input type="checkbox"/> Mon-Fri	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri
K5 Afternoon Care (12:00 - 3:10 or 12:00 - 6:00 p.m.)	<input type="checkbox"/> Mon-Fri	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri
Late Stay (3:00-6:00 p.m.)	<input type="checkbox"/> Mon-Fri	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri
Parent Contact Information (Please list information only if the parent may be contacted about the child)			
Fathers name		Home Phone	
Work Phone	Mobile Phone	<input type="checkbox"/> Pager	<input type="checkbox"/> Other
May this parent pick up the child from school?			
<input type="checkbox"/> Yes, at any time <input type="checkbox"/> Medical emergency only after call to custodialparent <input type="checkbox"/> Only with Permission called in by custodial parent			
Mothers name		Home Phone	
Work Phone	Mobile Phone	<input type="checkbox"/> Pager	<input type="checkbox"/> Other
May this parent pick up the child from school?			
<input type="checkbox"/> Yes, at any time <input type="checkbox"/> Medical emergency only after call to custodialparent <input type="checkbox"/> Only with Permission called in by custodial parent			
Steparent Contact Information (Please list information only if the parent may be contacted about the child)			
Stepfathers name		Home Phone	
Work Phone	Mobile Phone	<input type="checkbox"/> Pager	<input type="checkbox"/> Other
May this adult pick up the child from school?			
<input type="checkbox"/> Yes, at any time <input type="checkbox"/> Medical emergency only after call to custodialparent <input type="checkbox"/> Only with Permission called in by custodial parent			
Stepmothers name		Home Phone	
Work Phone	Mobile Phone	<input type="checkbox"/> Pager	<input type="checkbox"/> Other
May this adult pick up the child from school?			
<input type="checkbox"/> Yes, at any time <input type="checkbox"/> Medical emergency only after call to custodialparent <input type="checkbox"/> Only with Permission called in by custodial parent			
Other Contacts (Please list someone outside the immediate family who may be called in case of an emergency)			
First Contact Name:			
Home Phone	Work Phone	<input type="checkbox"/> Mobile Phone	<input type="checkbox"/> Pager <input type="checkbox"/> Other
Second Contact Name:			
Home Phone	Work Phone	<input type="checkbox"/> Mobile Phone	<input type="checkbox"/> Pager <input type="checkbox"/> Other
List any other persons who you may ask to pick up your child.			

Medical Authorization Form

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Child's Name: _____ Home Phone: _____
Mother's Name: _____ Home Phone: _____
Father's Name: _____ Home Phone: _____

Names of friends of relatives to call if you cannot be reached:

1. _____ Phone: _____ or _____
2. _____ Phone: _____ or _____

Physician to be called in an emergency:

1. _____ Phone: _____ or _____
2. _____ Phone: _____ or _____

Full names of all persons authorized to take child from the center. (The child will not be released to any other persons unless the center is notified beforehand.)

1. _____ 3. _____
2. _____ 4. _____

I authorize Central Baptist School Staff to take whatever emergency medical measures deemed necessary for the protection of my child while in their care. I understand that this authorization includes calling a physician implementing his instructions, and transporting my child to a hospital or clinic without first obtaining my consent.