

DATE: _____

SCHOOL DAYS:

Tuesday

Thursday

Non-refundable Registration

Fee: \$65.00

Check # _____

Office Use

CLASS: _____

2011—2012 Treasure Creek

Long Hollow Baptist Church
Tuesdays & Thursdays - 9:00 a.m. - 2:00 p.m.
3031 Long Hollow Pike
Hendersonville, TN 37075
265-3790

Complete this registration form and return it, along with the registration fee to Treasure Creek, 3031 Long Hollow Pike, Hendersonville, TN 37075. You will be notified when your registration has been received.

CHILD'S NAME: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE NUMBER: _____ BIRTHDAY: _____ AGE: _____ SEX: _____

EMAIL: _____

MOTHER'S NAME: _____ ALTERNATE PHONE: _____

HOME CHURCH: _____ MEMBER: Yes No

FATHER'S NAME: _____ ALTERNATE PHONE: _____

HOME CHURCH: _____ MEMBER: Yes No

LIST NAMES AND DATE OF BIRTH OF BROTHERS AND SISTERS _____

PERSONS TO BE CALLED IN CASE OF ILLNESS/EMERGENCY OTHER THAN PARENTS:

NAME & RELATIONSHIP _____ PHONE NUMBER: _____

NAME & RELATIONSHIP _____ PHONE NUMBER: _____

THE FOLLOWING HAVE MY PERMISSION, WITH SECURITY CARD, TO PICK UP MY CHILD:

NAME & RELATIONSHIP DRIVERS LICENSE PHONE NUMBER

I understand the person to pick up my child in an emergency will be required to show a driver's license. I will notify the Treasure Creek Director, in writing if possible, each time another person is coming. I agree to abide by all of the Long Hollow Baptist Church Preschool/Treasure Creek Weekday Preschool Policies. Long Hollow Baptist Church/Treasure Creek Weekday Preschool has the right to deny or terminate admission to anyone whose behavior is not in accordance with these policies. I understand the registration fee is non-refundable and I must give a two-week notice to withdraw.

Parent's Signature

*******MEDICAL INFORMATION*******

Please list any kind of medication, medical treatment, health problems or allergies that your child might have; please include food, drug, animal, hay fever, asthma, etc.

PHYSICIAN'S NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ HOSPITAL PREFERENCE: _____

EMERGENCY INSTRUCTIONS: _____

INSURANCE COMPANY NAME: _____ POLICY NUMBER: _____

*In order to meet legal requirements, I hereby authorize a representative of Long Hollow Baptist Church Preschool Ministry/
Treasure Creek Weekday Preschool to give consent for any and all necessary medical care for my
child _____ while said child is in said Long Hollow Baptist Church's custody.*

Signature of Parent or Guardian

*******SECURITY RESTRICTIONS*******

Please list any special security restrictions that may affect your child..
