



APPLICATION FOR CHILD CARE

First Baptist Church Olive Branch

for office use

School Term: _____	All-Day Child Care: _____
Year-Round: _____	Extended Kindergarten: _____
Days Needed: _____	Registration Paid: _____

Child's Full Name: _____ Name Called (if different): _____

Date of Birth: ____/____/____ Primary Phone: _____ Secondary Phone: _____

Father's Full Name: _____

Father's Address: _____
number & street city state zip

Mother's Full Name: _____

Mother's Address (if different): _____
number & street city state zip

Are Parents Living Togher? Yes No

If not, with whom does the child live? _____

Father's Place of Employment: _____

Address of Employment: _____
number & street city state zip

Mother's Place of Employment: _____

Address of Employment: _____
number & street city state zip

Emergency Contact (not a parent): _____ Relationship: _____

Address: _____
number & street city state zip Phone: _____

Names & Ages of Brothers & Sisters: _____

Are you a church member? FATHER: Yes No If so, where? _____

MOTHER: Yes No If so, where? _____

Please complete and return with Registration Fee of \$65