

Williamston Memorial Baptist Church Weekday Program Admission Application

Date of Application _____ Enrollment for: 4 year old class ___ 3 year old class ___
Child's Name _____ Gender _____
Home Address _____
City _____ Zip Code _____
Home Phone _____ E-mail Address _____
Child's Date of Birth _____ Child's age now _____
Religious Affiliation _____ Church Attending _____

Would you like to receive information about Memorial Baptist Church and Children's Programs at Memorial Baptist Church? Yes No

Family Information

Father's Name _____
Occupation _____ Place of Business _____
Business Phone _____ Cell Phone _____

Mother's Name _____
Occupation _____ Place of Business _____
Business Phone _____ Cell Phone _____

Emergency Information

Please give us name, address, and phone number of a person who could assume responsibility for your child in the event of an emergency if the school is unable to contact you. **Please be very accurate with this information.**

Emergency Contact Person _____
Relationship to Child _____
Address _____
Home Phone _____ Cell Phone _____ Business Phone _____

Authorization to Pick Up

The following adults have parental authorization to pick up _____
from the Memorial Baptist Church Weekday Program.

Name _____ Phone Number _____
Name _____ Phone Number _____