



**Emergency Contacts** (other than parents/guardians): *\*must provide at least 2*

1. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 City/State \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 City/State \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 City/State \_\_\_\_\_ Relationship \_\_\_\_\_

4. Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Relationship \_\_\_\_\_

**Persons Authorized to Pick Up Child** (other than parents/guardians):  
*\*Please list legal name as it appears on identification.*

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Relationship \_\_\_\_\_

Primary language spoken in home: \_\_\_ English \_\_\_ Other \_\_\_\_\_

Sibling(s):  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_  
 Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Other Adults Living in Home:  
 Name \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Previous school(s) attended: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Church attending: \_\_\_\_\_  
 Would you like more information on Crossgates Baptist Church? YES / NO

How did you hear about Crossgates Baptist Kindergarten? \_\_\_\_\_

Parents, please supply a complete response to every item on this form. If the item is not applicable, then answer N/A. Please do not leave anything blank.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Director Signature \_\_\_\_\_ Date \_\_\_\_\_