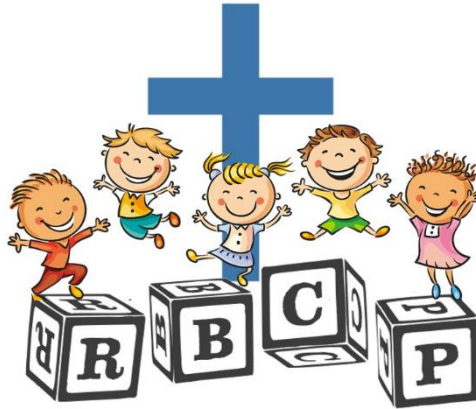


Preschool Registration Form

Student's Age by August 11, 2026: ____YRS. ____MO.

Class Placement: 2s ☐ 3s ☐ 4s ☐
{Please Check Class Placement}



Richland Baptist Church Preschool

2482 Warrenton Road
Fredericksburg, VA 22406
(540) 752-9323
breynolds@richlandbaptist.com

Applicant Information

Student's Name: _____ Date of Birth: ____/____/____ Gender: _____

Student's Address: _____

Name of Church Your Family Attends, if applicable: _____

Mother/Guardian Name: _____ Email: _____

Mother/Guardian Address: ☐ Same _____

Home Phone: _____ Work Phone: _____ ext. _____ Cell Phone: _____

Place of Employment: _____ Job Title: _____ Contact 1st ☐

Father/Guardian Name: _____ Email: _____

Father/Guardian Address: ☐ Same _____

Home Phone: _____ Work Phone: _____ ext. _____ Cell Phone: _____

Place of Employment: _____ Job Title: _____ Contact 1st ☐

Preschool Registration Form

Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up student:

1. Name: _____

2. Name: _____

Relationship to Student: _____

Relationship to Student: _____

Home Phone: _____

Home Phone: _____

Cell/Work Phone: _____

Cell/Work Phone: _____

Other Person(s) Authorized To Pick Up Student:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Child's Health Information & History

Student's Doctor: _____ Phone: _____

Are your Student's immunizations up to date? Yes () No ()

If not up to date, please explain: _____

Does your student have any known health problems? Yes () No () *(If yes attach documentation)*

Does your student get colds/flu often? _____

Does your student have any special needs or a family service plan? _____

Please list any serious prior injuries: _____

Does your student have any know allergies? Yes () No ()

If yes, what are they and what are your student's reactions: _____

Preschool Registration Form

Child's Health Information & History, continued

Check (✓) any of the following illnesses the student has had:

- | | | | | |
|-------------------------------------|--------------------------------------|---------------------------------------|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Earaches | <input type="checkbox"/> Mumps | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Bronchitis |
| <input type="checkbox"/> Eczema | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Polio | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Frequent Colds |
| <input type="checkbox"/> Croup | <input type="checkbox"/> Convulsions | <input type="checkbox"/> Measles | <input type="checkbox"/> Influenza | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Other: _____ | | |

Does your student take any medication on a regular basis? Yes () No ()

If yes please list the name of the medication(s) and the medical condition for which it is taken: _____

Does your student have any speech, hearing, or visual problems? Yes () No ()

Please explain: _____

Has your student ever been tested for the above? Yes () No ()

Please explain: _____

Please comment on any other medical information/or special need the childcare provider should be aware of:

Preschool Registration Form

Water Play Authorization

Please be informed that water play is a high-risk activity and thus permission is required for children to participate in these activities. We participate in many water activities throughout the year which include but are not limited to water tables, water balloons, water slides, mini toddler pools, and sprinklers. Many precautions are being taken at our facility to help keep children safe when participating in water play.

- ☐ I **DO NOT** authorize my student to participate in ANY water activities.
- ☐ I authorize my student to participate in **ALL** water activities offered.
- ☐ I authorize my student to participate in all water activities offered **EXCEPT:**

Photo Authorization

Photographs and videos are taken throughout the normal course of our day and special occasions such as birthdays, holidays, field trips, etc. We use these pictures/videos for teaching, sharing information about their day, arts & crafts, albums, class books, holiday programs, community outreach and various other things. Photos/videos that include your student *may* be given to families who also attend this program *or* may appear in our monthly newsletter, on our social media, etc. unless otherwise noted by you.

Please mark the appropriate box(s):

- ☐ I **DO NOT** give permission for ***Richland Baptist Church Preschool*** to take photos/videos of my student.
- ☐ I give permission for ***Richland Baptist Church Preschool*** to take photographs/videos of my student.

In Addition:

- ☐ I **give** permission for photos/videos of my student to be posted on RBCP's **public Facebook page**.
- ☐ I **give** permission for photos/videos of my student to be posted in RBCP's **private Facebook group**.
- ☐ I **give** permission for my student's photo to be used on RBCP's **Instagram**.
- ☐ I **give** permission for my student's photo to be used on RBCP's **website**.
- ☐ I **give** permission for my student's photo to be used **within the hallways** of RBCP.
- ☐ I **give** permission for my student's photo to be used in **printed marketing materials**.

Preschool Registration Form

Parent/Guardian Acknowledgement & Signature

I, _____, understand it is my responsibility to submit my student's enrollment application, registration fee, and birth certificate to RBCP at the time of registration to secure my student's enrollment. I further understand it is my responsibility to submit my student's school health entrance form and most recent immunization record prior to the first day of school. Failing to submit the above fee and documents will result in my student being unenrolled from the program and placed on the waitlist.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

HOW DID YOU HEAR ABOUT US?

Please check all that apply

☐ DRIVE-BY SIGN

☐ WEBSITE

☐ SOCIAL MEDIA: _____

☐ Other: _____

☐ Parent Referral: _____

☐ Friend/Neighbor: _____

☐ Community Event: _____

FOR OFFICE USE ONLY



REGISTRATION FORM



REGISTRATION FEE



BIRTH CERTIFICATE



HEALTH FORM



IMMUNIZATIONS