

APPLICATION FOR ENROLLMENT

Liberty Baptist Daycare



A Ministry of Liberty Church
3864 Guess Road
Durham, NC 27705

DAY CARE APPLICATION
(Please Fill In All Blanks)

FOR OFFICE USE ONLY:

Date Received
Enrollment Fee Paid
Discipline Form
Travel Form
Medical Form
Accepted

DATE CLASS TO ENTER DAYCARE PRESENTLY ATTENDING:

LEGAL NAME NAME CHILD IS CALLED

(First Middle Last)

SEX M F AGE DATE OF BIRTH S.S. #
(Mo./ Day/ Year)

NAME OF MOTHER HOME TELEPHONE NUMBER

ADDRESS
(Street City State Zip)

EMPLOYMENT WORK TELEPHONE (Including extension #)

WORK HOURS

NAME OF FATHER HOME TELEPHONE NUMBER

ADDRESS
(Street City State Zip)

EMPLOYMENT WORK TELEPHONE (Including extension #)

WORK HOURS

PARENTS MARITAL STATUS: Together Widowed Divorced Separated

PLEASE GIVE ANY CUSTODY INFORMATION THE SCHOOL SHOULD BE ADVISED OF AND NOTIFY OFFICE OF ANY CHANGE:

PLEASE LIST SIBLINGS BELOW

CHURCH YOU NOW ATTEND \_\_\_\_\_

PHONE # \_\_\_\_\_

PASTOR'S NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

ARE YOU A MEMBER? NO YES

ATTEND SUNDAY SCHOOL FAITHFULLY? NO YES

ATTEND SUNDAY AM FAITHFULLY? NO YES

ATTEND SUNDAY PM FAITHFULLY? NO YES

ATTEND MID-WEEK SERVICE FAITHFULLY? NO YES

DO YOU AS PARENTS PROFESS FAITH IN JESUS CHRIST FOR ETERNAL SALVATION?

YES NO

PLEASE EXPLAIN WHY YOU WISH TO ENROLL YOUR CHILD AT LIBERTY DAYCARE.

\_\_\_\_\_

HOW WERE YOU REFERRED TO LIBERTY? (Newspaper, Billboard, Relative, Friend, Etc.)

\_\_\_\_\_

\_\_\_\_\_

DOES YOUR CHILD HAVE ANY LEARNING DISABILITIES? YES NO

IF YES, EXPLAIN \_\_\_\_\_

\_\_\_\_\_

DOES YOUR CHILD TAKE PRESCRIPTION MEDICINE REGULARLY? YES NO

IF SO, EXPLAIN \_\_\_\_\_

\_\_\_\_\_

HAS YOUR CHILD BEEN HOSPITALIZED IN THE LAST YEAR? YES NO

IF SO, EXPLAIN \_\_\_\_\_

\_\_\_\_\_

TO YOUR KNOWLEDGE, DOES YOUR CHILD HAVE ANY MENTAL OR EMOTIONAL DISORDERS? YES NO IF SO,

EXPLAIN \_\_\_\_\_

DOES YOUR CHILD HAVE ANY PHYSICAL LIMITATIONS? YES NO

IF SO, EXPLAIN \_\_\_\_\_

\_\_\_\_\_

PLEASE GIVE ANY INFORMATION CONCERNING YOUR CHILD WHICH WILL BE HELPFUL IN HIS EXPERIENCE IN GROUP SETTING (SUCH AS PLAY, EATING AND SLEEPING HABITS, SPECIAL FEARS, SPECIAL LIKES OR DISLIKES).

\_\_\_\_\_  
\_\_\_\_\_

DO YOU DESIRE THAT YOUR CHILD BE TRAINED IN THE PRINCIPLES OF THE WORD OF GOD? YES NO

DO YOU HAVE ANY RESERVATIONS ABOUT ANY OF OUR DAY CARE POLICIES OR PROCEDURES? YES NO

WHO WILL BE RESPONSIBLE FOR CHILD'S SCHOOL BILL? \_\_\_\_\_

LIST 3 CREDIT REFERENCES WITH THE FOLLOWING INFORMATION:

\_\_\_\_\_  
(Name) (Address) (Phone #) (Acc't. #)

\_\_\_\_\_  
(Name) (Address) (Phone #) (Acc't. #)

\_\_\_\_\_  
(Name) (Address) (Phone #) (Acc't. #)

### **INSURANCE INFORMATION**

Included in your enrollment fee is excess coverage school accident insurance. This policy pays only amounts not covered by your primary health plan. Please check which apply and complete the following information:

WE HAVE FAMILY MEDICAL INSURANCE

WE DO NOT HAVE FAMILY MEDICAL INSURANCE

INSURANCE COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

### **STATEMENT OF COOPERATION**

I hereby make application for admission to Liberty Christian School Day Care. This agreement carries over from year to year. I agree to give cheerful and ready obedience to and cooperate with the spirit and regulations of the Day Care.

As parent or legal guardian of the above applicant, I agree to cooperate with Liberty Christian School Day Care in the enforcement of the rules and regulations of the institution, and to meet the terms of the agreement about expenses, business details, etc. as outlined by Liberty Christian School Day Care.

I give permission for my child to participate in all school activities including day care-sponsored trips away from the day care premises. I absolve the day care from all liability in the event my child is injured at day care or during any day care activity. I agree with the school's effort to train my child in the Bible and will encourage my child in this and in all other phases of instruction. I agree to pay any and all legal costs should I ever cause any action that results in proceedings or litigation for Liberty Christian School Day Care, its officers or agents. I pledge not to interfere with the school in the efforts to discipline my child in accord with the Day Care's standards. I also agree that Liberty Christian School Day Care may authorize the physician of its choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

Date \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

