

# Leesville Baptist MMO Enrollment Information



Name of Child \_\_\_\_\_

First Middle Last

Date of Birth \_\_\_\_\_ \*Age on 8/31/2021 (Minimum age 1, cannot be 3) \_\_\_\_\_

Nickname/goes by: \_\_\_\_\_ Gender: \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Brothers/Sisters and ages \_\_\_\_\_

Mother / Guardian's name \_\_\_\_\_

Address if different from child's \_\_\_\_\_

Cell phone \_\_\_\_\_ Email address \_\_\_\_\_

Work phone \_\_\_\_\_ Occupation \_\_\_\_\_

Father / Guardian's name \_\_\_\_\_

Address if different from child's \_\_\_\_\_

Cell phone \_\_\_\_\_ Email address \_\_\_\_\_

Work phone \_\_\_\_\_ Occupation \_\_\_\_\_

If a parent or guardian cannot be reached, list contacts who have approval to pick up your child

Name Relationship Phone #

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

Family's Church Affiliation \_\_\_\_\_

Previous centers child has attended \_\_\_\_\_

Please list any information, which will be helpful for your child's experience in a group setting (play habits, eating habits, fears, likes or dislikes.)

**Medical Information:** Information will remain confidential (except allergies will be posted in the lunch room)

Any known allergies (medicines, foods, bee stings, etc.) Please be specific and describe the type of reaction your child has so our teachers can look for symptoms:

Does your child have any disabilities, medical conditions or any other additional information his or her teacher should be aware of? \_\_\_\_\_

Does your child take any medication regularly \_\_\_\_\_?

If so, please explain \_\_\_\_\_

Are your child's immunizations up to date? \_\_\_\_\_

Child's primary physician \_\_\_\_\_

Phone number \_\_\_\_\_

Hospital preference \_\_\_\_\_

Any additional information we should be aware of (ex: family speaks another language at home):

Thank you for trusting your child with us at Leesville MMO!  
We are honored to have the opportunity to work with you and your child.