

APPLICATION FOR ADMISSION
FIRST BAPTIST CHURCH OF PELHAM MOTHER'S DAY OUT

Please check one:

- Tuesday
- Wednesday
- Thursday

Child's Name _____ Sex _____

Name by which the child is called _____ Date of Birth _____

Address _____

Mother's Name _____ Occupation _____

Home Phone _____ Business Phone _____ Cell Phone _____

Father's Name _____ Occupation _____

Home Phone _____ Business Phone _____ Cell Phone _____

Additional names to be contacted in an emergency:

Name _____ Phone _____

Name _____ Phone _____

Names and ages of other children in the home: _____

Religious Affiliation:

Church you attend: _____

If no membership, give church preference _____

Name and Phone number of Pediatrician _____

Allergies (if allergic, please list what food/foods cannot be eaten. Also, can the child sit next to someone with that food? What steps are taken in case of an emergency?)

Any information that you feel would aid us in understanding your child better: _____
