



# APPLICATION FOR CHILD CARE

First Baptist Church Olive Branch

for office use

School Term: _____	All-Day Child Care: _____
Year-Round: _____	Extended Kindergarten: _____
Days Needed: _____	Registration Paid: _____

Child's Full Name: \_\_\_\_\_ Name Called (if different): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Father's Address: \_\_\_\_\_  
number & street city state zip

Mother's Full Name: \_\_\_\_\_

Mother's Address (if different): \_\_\_\_\_  
number & street city state zip

Are Parents Living Togher?  Yes  No

If not, with whom does the child live? \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

Address of Employment: \_\_\_\_\_  
number & street city state zip

Mother's Place of Employment: \_\_\_\_\_

Address of Employment: \_\_\_\_\_  
number & street city state zip

Emergency Contact (not a parent): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
number & street city state zip Phone: \_\_\_\_\_

Names & Ages of Brothers & Sisters: \_\_\_\_\_

Are you a church member? FATHER:  Yes  No If so, where? \_\_\_\_\_

MOTHER:  Yes  No If so, where? \_\_\_\_\_

Please complete and return with Registration Fee of \$65