



Trinity Baptist Preschool

4594 Columbia Road Martinez, GA 30907 (706) 426-8881

THREE DAY PROGRAM 2019-2020

Any false information included in this application will be grounds for denial of application.

Student Information	Mailing Address	Physical Address (if different)
First Name:	Street Address:	Street Address:
Middle:	Address 2:	Address 2:
Last Name:	City:	City:
Gender: ___ Male ___ Female	State/Zip:	State/Zip:
Date of Birth: ___/___/___	Age on September 1, 2019: _____	

Parent/Guardian Information

Relationship	Mother/Guardian	Father/Guardian
First Name:		
Last Name:		
Home Phone:		
Work Phone:		
Cell Phone:		
Email Address:		
Is this person authorized to:	Pick up student: ___ Yes ___ No	Pick up student: ___ Yes ___ No
The parents of this student are: _____ Married _____ Divorce	Who has legal custody?	

Student Medical Information

Allergies and other medical notes:
Required Documents to Attach:
<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Georgia Immunization Certificate Form 3231 <input type="checkbox"/> Georgia Certificate of Vision, Hearing, Dental, and Nutrition Screening 4 Point Screen Form 3300 for 4 year olds



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Emergency Contact Information

In case of emergency, an attempt will be made to contact the parents/legal guardians listed previously in this application. In the event that the parents/legal guardians cannot be reached, please list other emergency contacts in order of call preference.

	1	2	3
First Name:			
Last Name:			
Relationship to child:			
Home Phone:			
Work Phone:			
Cell Phone:			
Address:			
City:			
State/Zip:			
Is this person authorized to pick up student?	____Yes ____No	____Yes ____No	____Yes ____No
In case of an emergency where no family member or authorized contact can be reached, may we contact your family physician/pediatrician? ____Yes ____No Physician Name: _____ Phone: _____			

Trinity Baptist Preschool and Mother's Day Out is a non-licensed facility and is not required to be licensed by the state of Georgia. Georgia Department of Early Care and Learning (404)657-5562, www.decal.ga.gov.

Publication Permission

_____ Initial	____Yes ____No	Permission is hereby granted to use my child's picture in school brochures, website or other promotional publications.
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Signature of parent/guardian _____ Date _____

Signature of parent/guardian _____ Date _____