



# Trinity Baptist Preschool

4594 Columbia Road Martinez, GA 30907 (706) 863-1222

## THREE DAY PROGRAM 2020-2021

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: <input type="checkbox"/> Male <input type="checkbox"/> Female	State/Zip:	State/Zip:
Date of Birth: ___/___/___	Age on September 1, 2020: _____	

## 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pick up student: <input type="checkbox"/> Yes <input type="checkbox"/> No
The parents of this student are: <input type="checkbox"/> Married <input type="checkbox"/> Divorce	Who has legal custody?	
Who has financial responsibility?	Email Address:	

## Student Medical Information

Allergies and other medical notes:
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**Required Documents to Attach:**

- Birth Certificate
- Georgia Immunization Certificate Form 3231
- Georgia Certificate of Vision, Hearing, Dental, and Nutrition Screening 4 Point Screen Form 3300 for 4 year olds

**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](http://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 \_\_\_\_\_



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Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_