FIRST BAPTIST HEAD START
ENROLLMENT/EMERGENCY CARD

Traditional Classes: 6:00 a.m. - 6:00 p.m
A.M. 8:00 - 11:45 Full Day: _____
P.M. 1:00 p.m. 4:30 p.m Center: _____
If Possible: A.M. _____ P.M. _____ Home: _____

Child's Name: _____ Birthday: _____
First Middle Last Month Day Year

Address: _____ F _____ M _____

Parent/guardian's Name (mom) _____ (dad) _____

Home Phone # _____ Employment Phone # (F) (M) _____

Persons authorized to "Pick-Up" your child in case of emergency:

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____
3. Name _____ Address _____ Phone _____
4. Name _____ Address _____ Phone _____

Parent signature _____ Date _____