

Dear Parents,

A Preschool Registration and Medical Information form is enclosed so that you may register your children, infants through three years old for the **Preschool** care which will be available during the Southern Baptist Convention June 10th – June 13th 2007.

This application must be filled out completely for each child to be registered. Please include a non-refundable registration fee of \$10.00 per child. This fee is in addition to the per session fees for the convention. Please make checks payable to **Castle Hills First Baptist Church** and on the MEMO line write **SBC Preschool Childcare**.

The preschool cost per session is \$5.00 per child, not to exceed \$40.00 per family for preschool care for all sessions during the convention. To assure your child a place in the on-site Convention Preschool, applications and fees must be returned promptly. Center openings will fill quickly.

When your completed form and registration fees for each child are received, a family ID# will be assigned and a confirmation packet will be sent to you.

This confirmation packet will consist of
Registration Confirmation Card
Parent Handbook
Security Information
Procedures for check-in and check-out

May 4th is the postmark deadline. **Do not mail your registration after that date.** Any registration postmarked after that date will be returned to you. You must then bring the registration and medical forms with you and your child will be accepted only if there is space available. Complete payment will be due before the first session for walk in registration.

Care will be provided during lunchtime on Monday and Tuesday. *Lunch Monday and Tuesday is optional, but can be provided at the cost of \$5.00 per child per day.* **Lunch must be purchased at time of registration.** No foods may be brought in unless your child is eating prepared baby food. Please check the registration form if you wish to purchase a lunch.

If you have any questions, please contact: Linda Moczygamba at 210-377-8409

Sincerely,

Sally Schaal
Preschool Coordinator
Southern Baptist Convention

Send check and completed forms to:

Castle Hills First Baptist Church
Attn: Linda Moczygamba
2220 NW Military Hwy.
San Antonio Texas 78213

Preschool Registration (Infant – 3 yrs)

Southern Baptist Convention

San Antonio, Texas

ID# _____ Date _____

Name of Child: _____ Name Child goes by: _____

Age: _____ Birth Date: ___ / ___ / ___ Male _____ Female _____

Parents Names: _____

Home Address: _____

Email Address: _____ Cell Phone: _____ Home Phone: _____

Convention Address: _____ Convention Phone: _____

Medical Information Related to General Allergies

Allergies: _____

Effects: _____ Antidote: _____

Formula & Food Related Items

Does child nurse? _____ Time(s) _____

Formula: Type: _____ Quantity: _____ Time: _____ Warm or Room Temp. (Circle)

Food Allergies _____

Type of food: (Circle all that apply.) Solid Strained Table

Does child burp during feeding? _____ After feeding? _____ In what position? _____

Does child use a pacifier? _____ Drink from a cup? _____

Special Needs or Instructions or Needs

Nap Time(s): _____ Sleep on stomach _____

Sleep on back _____ Toilet instructions (words) child uses: _____

Childcare Sessions

Registration Fee: \$10 per child Sessions (Check all sessions that apply): \$5 per child per session

Sun. Session: 4:30pm-9pm ___ Mon. Sessions: 8:00am-noon ___ 1:15-4:30pm ___ 5:45-9:30pm ___

Tues. Sessions: 7:30-11:40am ___ 12:50-5:05pm ___ 6:00-9:45pm ___

Wed. Sessions: 7:30 – 12:00am ___ 5:30 – 9pm ___

Total # Sessions: _____ Purchasing lunch for your child @ \$5 each day? Mon. ___ Tues. ___

**Preschool Medical Information
2007 Southern Baptist Convention
San Antonio, Texas
June 10-13 2007**

ID# _____

Date _____

Name of Child: _____

Family Physician's Name _____ Phone _____

Name of Primary Insurance Policy _____

Policy # _____

Date of Tetanus Shot _____

Is Child allergic to Tetanus Booster? Yes _____ No _____

Is Child on any daily medications? Yes _____ No _____

If "yes" name medication and dosage: _____

Has Child had:

Chicken pox Yes _____ No _____

Fainting spells Yes _____ No _____

Asthma Yes _____ No _____

Heart Trouble Yes _____ No _____

Seizures Yes _____ No _____

Diabetes Yes _____ No _____

Up to date on required shots Yes _____ No _____

Special Needs Yes _____ No _____

Chronic Medical Problems (Please describe) _____

**PLEASE NOTE
Child Care Volunteers
Will NOT administer
ANY MEDICATION**

In consideration for your agreeing to accept the above named child as a Preschool participant, I hereby give my authority and consent to medical and surgical treatment as may be needed in the judgment of the treating physician, for my child by a physician chosen by the First Aid Coordinator of the Southern Baptist Convention. I further relinquish all claims against, and will not hold liable the coordinators, teachers, or any interested parties, including the Preschool Center, for any accidents or for obtaining medical treatment for my child.

Signature of Parent or Guardian

Date