

**Beacon Baptist Church Daycare**  
**STUDENT APPLICATION INFORMATION & RELEASE FORM**

**Student's Name** \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Preferred Name** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Mother's Name** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_ **Email** \_\_\_\_\_

If parents are separated, with whom does the child reside? \_\_\_\_\_

**Name of persons authorized to pick up child:** Children may not be released to individuals other than those listed on this form:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**EMERGENCY INFORMATION**

**Emergency Contact (if parents cannot be reached):** *please list names and phone numbers*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Additional Information that may be helpful to the teacher: \_\_\_\_\_

Any physical difficulties (allergies, etc.) \_\_\_\_\_

**Child's Physician** \_\_\_\_\_ **Phone number** \_\_\_\_\_

**Hospital Preference** \_\_\_\_\_

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither parent can be contacted immediately.

\_\_\_\_\_  
(Signature of Parent) (Date)