



1400 NE Jensen Beach Blvd.
Jensen Beach, Florida 34957
772-334-8018
www.fbjb.com
preschool@fbjb.com

Application Form

Today's Date: _____

Child's Name: _____ Gender: M / F

Birth date: _____ School Year: _____ Days requested: _____ Mornings/FT
(mm/dd/year) (circle one)

Street Address _____ City _____ State _____ Zip Code _____

Family Information:

Mother's Name: _____ Home Phone: _____
Cell Phone: _____ Occupation: _____
Place of Employment: _____ Business Phone: _____
Email: _____

Father's Name: _____ Home Phone: _____
Cell Phone: _____ Occupation: _____
Place of Employment: _____ Business Phone: _____
Email: _____

Child lives with: Mother Father Both Guardian Other _____

Is there a divorce or custody situation we should be aware of? Yes No

If yes, please explain _____

Church Affiliation:

Are you a member of First Baptist Church of Jensen Beach? Yes No

Please list church attending: _____

Would you like more information about our church? Yes No

Medical Information:

Please list any known allergies/medical problems: _____

Physician: _____ Phone number: _____

Dentist: _____ Phone number: _____

Preferred Hospital: _____ Insurance Provider: _____

Policy # _____ Phone number: _____

Emergency Transportation Authorization:



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State Law requires that we have written authorization from a child's legal guardian to seek medical help in the event of a medical emergency. Signing the statement of this letter will provide us with that authorization.

Our policy, in the event of a medical emergency is to contact you first. If we can't contact you, we will try to contact any others you may designate. In the event that we are unable to contact you or the designated representative(s), or if the medical emergency warrants immediate response, we will act, on your behalf and in the best interests of the child.

Authorization Date: _____ Parent's Signature: X _____

Special Instructions (if any): _____

Refusal to Grant Permission: Parent's Signature: X _____

What action should be taken? _____

Emergency Contact/Authorized Pick-up People: MUST have two additional people other than the parents.

The child will only be released to a designated individual unless prior arrangements are made.

Name: _____ Relationship to child: _____

Address: _____ City: _____ State/Zip: _____

Emergency Contact: Yes No Authorized to Pick Up: Yes No

Phone: _____ Cell: _____

Name: _____ Relationship to child: _____

Address: _____ City: _____ State/Zip: _____

Emergency Contact: Yes No Authorized to Pick Up: Yes No

Phone: _____ Cell: _____

I certify that the above information is true and correct to the best of my knowledge.

Parent Signature

Date