

Millbrook Baptist Church Pre-K
223 South Aiken Blvd. SE
Aiken, South Carolina 29803
803-648-3025

CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____

NAME CALLED BY _____ SEX _____ BIRTHDAY _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

Father's Name _____ Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Mother's Name _____ Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Family Church Affiliation _____

Other children in the family (Name/Ages) _____

Emergency Contact/Authorized Pick-Up

In the event of an emergency involving the health and safety of our child, and should the church be unable to contact me/us, the school should contact the following relatives, friends, or neighbors. These persons are authorized to pick up my children from Millbrook Baptist Pre-K.

Name _____ Relationship _____ Address _____ Phone # _____

Name _____ Relationship _____ Address _____ Phone # _____

Securing Medical Aid

We authorize the authorities of Millbrook Baptist Pre-K to call

Doctor _____ Office Address _____ Phone # _____

If Dr. _____ is not available, MBC is herewith authorized to use its best judgment in securing medical aid for our child(ren). 911 will be contacted if necessary for emergency medical aid.

Other comments or instructions (i.e.: allergies, routine medications, etc.)

I will notify MBC Pre-K as soon as possible if there are any changes in the information provided.

Signature of Father or Guardian _____ Date _____ Signature of Mother or Guardian _____ Date _____