

2011-2012 School year

First Baptist Church of Manlius  
408 Pleasant St. Manlius, NY 13104  
Playschool - 416-3374  
Church - 682-8941



Playschool Registration Form

Child's full name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home address: \_\_\_\_\_ Sex M / F

Home phone: \_\_\_\_\_ E-mail \_\_\_\_\_

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work address: \_\_\_\_\_ Work/cell phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work address: \_\_\_\_\_ Work/cell phone: \_\_\_\_\_

**Other emergency names and numbers:**

Name/relation: \_\_\_\_\_ Home phone: \_\_\_\_\_ cell phone: \_\_\_\_\_

Name/relation: \_\_\_\_\_ Home phone: \_\_\_\_\_ cell phone: \_\_\_\_\_

**Does the child have any emotional problems or medical problems, such as:**

Allergies\_\_\_ epilepsy\_\_\_ diabetes\_\_\_ nosebleeds\_\_\_ speech\_\_\_ temper tantrums\_\_\_ bathroom problems  
eating\_\_\_ fears\_\_\_ physical limitations \_\_\_ others \_\_\_\_\_

Do you anticipate any difficulties in your child's adjusting to a new group situation? \_\_\_\_\_

\_\_\_\_\_ Any additional information you feel we should know to

better understand your child? \_\_\_\_\_

**Please include:**

- A current copy of your child's immunization record (must have by beginning of school)
- A list of people that are allowed to pick up your child.

**Please indicate the program you wish to enroll your child in:**

3 yr. old T/Th \_\_\_ am/pm\* 4/5 yr. old M/W/F \_\_\_ am/pm\* All days (4 & 5 yr. only) \_\_\_ am (5 by 12/1 served first)

\*dependent on number of children interested

\*\*Please return a signed registration form with \$50 (non refundable) to Playschool. The tuition for September will need to be received by September 1<sup>st</sup> and does not reflect the registration fee. If you have any questions please call Wendy Mapstone

@ 416-3374 or Email [Playschool408@yahoo.com](mailto:Playschool408@yahoo.com)

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