

**Somerville Baptist Preschool**  
**“Preschool with a Purpose”**

41 Main Street  
Somerville, AL 35670  
(256) 778-8843

[addene@somervillebaptist.org](mailto:addene@somervillebaptist.org)

*Addene Matthews, Director*

**Registration Form**

Please print clearly with black or blue ink.

Program Applied For (please circle one):

Infant Care      Preschool      Mother’s Day Out: 2 day \_\_\_\_\_ 3 day \_\_\_\_\_

After School Care      Summer Program

For the School Year of: \_\_\_\_\_

Child’s Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name your child goes by: \_\_\_\_\_ Birthday: \_\_\_\_\_ Child’s Age: \_\_\_\_\_

Parent / Guardian with Legal Custody: \_\_\_\_\_

Parents are: Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_ Single: \_\_\_\_\_

Mother’s Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father’s Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please list anything that would be beneficial for the staff of Somerville Baptist Preschool to know concerning your child (examples: what comforts your child, what upsets your child, etc...). \_\_\_\_\_

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Emergency Contacts

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Person(s) Authorized to Pick-up my Child:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Person(s) **NOT** Authorized to Pick-up my Child:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

My child \_\_\_\_\_ has permission to walk with adult supervision to various destinations within the town of Somerville (examples: Library, Fire Department, Park, Town Hall, etc.....).

\_\_\_\_\_  
Parent Signature

I understand that I (the parent) am responsible for any cost associated with medical treatment for injuries resulting from normal daily activities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Name (print)

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Name (print)

\_\_\_\_\_  
Mother's Signature

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**Child’s Medical Report**

Child’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Child’s Parent / Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

In addition to a medical report or medical screening, a Certificate of Immunization (ADPH-F-IMM-50) is required for each child.

History of Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I examined this child on (date) \_\_\_\_\_. I find him / her to be in good physical condition, free of contagious and infectious diseases, and capable of participating in day car activities, except as noted below: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician’s Assistant