

**APPLICATION FOR NORTH LANIER WEEKDAY CHILDREN'S MINISTRY**

829 Atlanta Highway Cumming, GA 30040 (770) 205-8422  
School year 2010-2011

*Non-refundable fees:*

MMO---- \$85 Registration  
PRESCHOOL---- \$120 Registration  
KINDERGARTEN----\$210 Registration

M P K \_\_\_\_\_ M T W Th F  
M P K \_\_\_\_\_ M T W Th F  
M P K \_\_\_\_\_ M T W Th F

We require a (30) day notice prior to withdrawal.  
Tuition is due one month in advance. September tuition will be billed and is due August first.

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Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex M F  
                    First                      Nickname                      Middle                      Last

Allergies: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Church Attending \_\_\_\_\_

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Business

\_\_\_\_\_  
Business

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

Emergency Contact: (list name, number and relationship of two persons)

1. \_\_\_\_\_ 2. \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

**IMMUNIZATION FORM REQUIRED WITHIN 2 WEEKS OF SCHOOL'S BEGINNING**

**Doors will be open at 8:55 a.m. and pick-up will be no later than 1:00 p.m.**

Person(s) who may pick-up \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

In the event of a medical emergency, I hereby give permission to NORTH LANIER WEEKDAY CHILDREN'S MINISTRY to render any necessary emergency medical treatment. In the event that I cannot be reached and my child needs emergency treatment, I authorize an attending physician at the nearest emergency room to administer necessary treatment to my child. I agree to assume all financial responsibility. I will hold North Lanier Weekday Children's Ministry and it's staff, North Lanier Baptist Church and it's staff, Board of Overseers and Deacons, and the Southern Baptist Convention harmless for any accident or injury that may occur to my child while attending NLBC Weekday Children's Ministry.

Signature of Parent and Date: \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy number \_\_\_\_\_

In consideration for the valuable childcare services provided by North Lanier Weekday, I, \_\_\_\_\_, authorize North Lanier Baptist Church, North Lanier Weekday, their agents, their employees, and their assignees to photograph my child/children and to display the likeness of my child/children in promotional material, including print and Internet advertisements. I acknowledge that any digital or print photographs taken while my child/children are under the care of North Lanier Weekday or otherwise on the premises of North Lanier Baptist Church will be the property of North Lanier Baptist Church and that I may not reproduce or disseminate them without express consent.

Sign and Date: \_\_\_\_\_