

**Black Mountain Presbyterian Church
Weekday School
Enrollment Form**

Class _____

Age by Aug. 31 _____

Full name of child _____ Sex _____

Name child usually prefers _____

Home address _____

Home telephone _____ Birth date _____

Email address _____

1) Name of parent/guardian _____

Name child calls you _____

Employment _____

Business telephone _____ Cell phone _____

2) Name of parent/guardian _____

Name child calls you _____

Employment _____

Business telephone _____ Cell phone _____

Church affiliation or membership _____

In case of emergency and neither parent can be contacted, please give the name and phone number of a neighbor, friend, or (local) relative we could contact to pick up your child.

1) Name _____

Telephone _____ Relationship to child _____

2) Name _____

Telephone _____ Relationship to child _____

Child's physician _____ Telephone _____

Who has permission to pick up your child? _____

Under no circumstances will your child be released to anyone unknown to the school without authorization from parents or guardian. If there is someone your child knows, but for your reasons, you forbid your child to go with that person, please indicate who is forbidden to pick up your child.

