

Piney Grove Baptist Learning Center
402-Kicker Road East
Tuscaloosa, AL 35404
(205) 556-7447/(205) 556-1220

REGISTRATION APPLICATION

Child's Name _____ Goes by _____

Sex _____ Birthdate _____ Months/Age _____

Mother's Name _____ Home Phone _____

Employed by _____ Work Phone _____

Father's Name _____ Home Phone _____

Employed by _____ Work Phone _____

Names and ages of other children _____ age _____

_____ age _____

_____ age _____

Home Address _____ City/State _____ Zip _____

Family Church _____

Physician's Name _____ Phone _____

List Allergies _____

Persons IN TOWN (other than parents to call in event of accident or illness at school:

_____ Phone _____ Relationship _____

_____ Phone _____ Relationship _____

Do we have your permission to call your physician if we cannot reach parents? _____

Please list child's likes, dislikes, fears, pets, and comfort items: _____

What do you hope your child will gain from attending Piney Grove Learning

Center? _____

Other comments/concerns/ or information you think we should know: _____

The following people are authorized to pick up my child from Piney Grove Learning Center:

Name	Phone Number	Relationship(aunt,uncle,friend,etc.)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Parent Signature _____ Date _____

PLEASE ATTACH A REGISTRATION FEE OF \$40.00 TO COMPLETE THE APPLICATION. (REGISTRATION FEES ARE NON-REFUNDABLE)

For Office Use Only:

Official Registration Date: _____

Official Start Date: _____

Additional Information: _____
