



ENROLLMENT FORM 2024-25

Date of Application _____

Child's Full Name _____ Gender _____

Name to be called _____ Date of Birth _____

Home Address _____

PARENT INFORMATION

Mother's Name _____ Phone _____

Email _____ Place of Employment _____

Father's Name _____ Phone _____

Email _____ Place of Employment _____

Are you a member of North Oxford Baptist Church? _____ Yes _____ No

If no, Church preference: _____

PICKUP INFORMATION

Name of persons authorized to pick up your child.

1. _____ Phone _____

2. _____ Phone _____

EMERGENCY INFORMATION

Please list 2 local emergency contacts. If parent/guardian cannot be reached, we will call the following:

1. _____ Phone _____ Relation _____

2. _____ Phone _____ Relation _____

MEDICAL INFORMATION

Please list any allergies. _____

Please list any known medical conditions. _____

List any services your child is receiving (speech, occupational, physical therapy, etc.): _____

Please list any additional information about your child that may be helpful. _____

Family Physician/Pediatrician _____ Phone # _____

Insurance Company _____ Policy # _____ Group # _____

AUTHORIZATION INFORMATION

In the event of an emergency, I grant permission for any and all medical treatment to be administered to my child in the event of an accident, injury, or illness until I can be contacted.

I authorize North Oxford Baptist Church to release my child to any of the people listed on this registration form.

I have read and understand the Parent Handbook and agree to abide by the policies of the MAPS program.

Signature of Parent/Guardian

Date