

Central Baptist School

5470 Raleigh LaGrange Road
 Memphis, TN 38134
 (901) 386-8161

Registration for Before-&-After School Care

Office Use Only

Student Information (Please use child's legal name)		Entering Grade:
Last	First	Nickname
On which days will this student attend?		
Early Care (6:30-7:30 a.m.)	<input type="checkbox"/> Mon-Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri
K5 Afternoon Care (12:00 - 3:10 or 12:00 - 6:00 p.m.)	<input type="checkbox"/> Mon-Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri
Late Stay (3:00-5:00 p.m.)	<input type="checkbox"/> Mon-Fri	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri
Parent Contact Information (Please list information only if the parent may be contacted about the child)		
Fathers name		Home Phone
Work Phone	Mobile Phone	<input type="checkbox"/> Pager <input type="checkbox"/> Other
May this parent pick up the child from school?		
<input type="checkbox"/> Yes, at any time <input type="checkbox"/> Medical emergency only after call to custodialparent <input type="checkbox"/> Only with Permission called in by custodial parent		
Mothers name		Home Phone
Work Phone	Mobile Phone	<input type="checkbox"/> Pager <input type="checkbox"/> Other
May this parent pick up the child from school?		
<input type="checkbox"/> Yes, at any time <input type="checkbox"/> Medical emergency only after call to custodialparent <input type="checkbox"/> Only with Permission called in by custodial parent		
Stepparent Contact Information (Please list information only if the parent may be contacted about the child)		
Stepfathers name		Home Phone
Work Phone	Mobile Phone	<input type="checkbox"/> Pager <input type="checkbox"/> Other
May this adult pick up the child from school?		
<input type="checkbox"/> Yes, at any time <input type="checkbox"/> Medical emergency only after call to custodialparent <input type="checkbox"/> Only with Permission called in by custodial parent		
Stepmothers name		Home Phone
Work Phone	Mobile Phone	<input type="checkbox"/> Pager <input type="checkbox"/> Other
May this adult pick up the child from school?		
<input type="checkbox"/> Yes, at any time <input type="checkbox"/> Medical emergency only after call to custodialparent <input type="checkbox"/> Only with Permission called in by custodial parent		
Other Contacts (Please list someone outside the immediate family who may be called in case of an emergency)		
First Contact Name:		
Home Phone	Work Phone	<input type="checkbox"/> Mobile Phone <input type="checkbox"/> Pager <input type="checkbox"/> Other
Second Contact Name:		
Home Phone	Work Phone	<input type="checkbox"/> Mobile Phone <input type="checkbox"/> Pager <input type="checkbox"/> Other
List any other persons who you may ask to pick up your child.		