REGISTRATION FORM

2026-2027 SCHOOL YEAR

CLEMMONS FIRST BAPTIST PRESCHOOL

CHILD INFORMATION

Full Name: (First, Middle, and Last)

Preferred Name: **Sex:** M F **Date Of Birth:** D D M M Y Y

State of Birth: **Siblings Names & Ages:**

PARENT/GUARDIAN INFORMATION

Full Name:

Relationship: **Employment:**

Full Address:

Email Address:

Phone Number: **Church Member:** Yes No

Would you like information about Clemmons First Baptist Church? Yes No

PARENT/GUARDIAN INFORMATION

Full Name:

Relationship: **Employment:**

Full Address:

Email Address:

Phone Number: **Church Member:** Yes No

Would you like information about Clemmons First Baptist Church? Yes No

PLEASE COMPLETE OTHER SIDE

REGISTRATION CONT.

2026-2027 SCHOOL YEAR

CLEMMONS FIRST BAPTIST PRESCHOOL

EMERGENCY INFORMATION

Physician Name: **Clinic:**

Full Address:

Phone Number:

EMERGENCY CONTACT

Full Name:

Relationship: **Phone Number:**

EMERGENCY CONTACT

Full Name:

Relationship: **Phone Number:**

EMERGENCY CONTACT

Full Name:

Relationship: **Phone Number:**

EMERGENCY CONTACT

Full Name:

Relationship: **Phone Number:**

Parent/Guardian Signature **Date:**

THANK YOU FOR YOUR INFORMATION