

Referred by: \_\_\_\_\_

Reg. Fee Paid: \_\_\_\_\_

**GREYSTONE BAPTIST PRESCHOOL**

7509 Lead Mine Road, Raleigh, NC 27615

(919) 870-0040

**INFANT CLASS ENROLLMENT FORM**

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Last Name	First Name	Middle Name	Name child uses
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**Check days of enrollment:**

\_\_\_ 2 day (TTh)      \_\_\_ 3 day (MWF)      \_\_\_ 5 day (MTWThF)

Child's Date of Birth /Due Date \_\_\_\_\_ Sex \_\_\_\_\_ Church Preference \_\_\_\_\_

Street Address/City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Fathers Name \_\_\_\_\_ Mobile phone# \_\_\_\_\_

Fathers occupation/Business address \_\_\_\_\_

Mothers Name \_\_\_\_\_ Mobile phone# \_\_\_\_\_

Mothers occupation/Business address \_\_\_\_\_

Email Address \_\_\_\_\_

Siblings (Please include names and ages) \_\_\_\_\_

Other persons living in home (Indicate child or adult) \_\_\_\_\_

List allergies, medical conditions, drug sensitivities and other special conditions of which we should be aware. \_\_\_\_\_

List physical challenges, special testing or professional evaluations of which we should be aware \_\_\_\_\_

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Was child born premature?      \_\_\_ Yes      \_\_\_ No

Responsible person to contact in case of emergency when parents cannot be reached:

Name \_\_\_\_\_ Phone# \_\_\_\_\_

**I understand that I must make tuition payments monthly to hold my spot, beginning August 2024, until my child is old enough to attend preschool, no younger than 8 weeks old.**

**This is to certify that my child has permission to participate in all preschool activities planned and supervised by the preschool staff. I also agree to be available (or I will designate someone on my emergency form) to pick up my child immediately in case of emergency or any problems that may arise while my child is attending preschool.**

**I will provide information on my infants sleeping and feeding schedules as well as other information requested the week before my child begins attending. I understand that I must read and agree to Greystone Baptist Preschool's Safe Sleep policy before attending.**

I do \_\_\_\_\_ I do not \_\_\_\_\_ want my child's name and address information included in the student directory.

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)