



FIRST BAPTIST PRESCHOOL CHILDREN'S ENROLLMENT FORM

Entrance Date _____ Withdrawal Date _____

Child's Name _____ Sex ____ Age ____ Date of birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Home Phone Number _____

Father's Name _____ Home Phone Number _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State ____ Zip _____

Mother's Name _____ Home Phone Number _____

Mother's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone _____

Employer's Street Address _____ City _____ State ____ Zip _____

Child's Living Arrangements: (check one) Both Parents Mother Father Other

Child's Legal Guardian(s): (check one) Both Parents Mother Father Other

The child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____

(Street-City-State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____

*Name _____ Address _____

(Street-City-State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) or Guardian _____

Other identifying information (if any) _____



Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name of Public or Private School child attends, if any: _____

Child's doctor or clinic name: _____

Doctor/clinic phone number: _____

My child has the following special needs: _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: _____

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: _____

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____

suffer an injury or illness while in the care of (Facility name) _____

and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

Guardian: _____

Signature

Date: _____

Facility Administrator/Person-In-Charge _____

Signature

Date: _____



Parental Agreements with First Baptist Preschool

My child _____ will typically arrive at _____AM and will depart at _____PM.

I understand that failure to submit a 30-day written notice that I want to withdraw my child from school a penalty of one month's tuition will be incurred. _____(initial)

My child will not be allowed to enter or leave the school without being escorted by the parent(s), person authorized by parent (s), or facility personnel. _____ (initial)

Before any medication is dispensed to my child, I will provide a written authorization which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it. _____(initial)

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc. _____ (initial)

The school agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to foods, etc., which involve my child. I authorize the school to obtain emergency medical care for my child when I am not available. _____ (initial)

I authorize the child care facility to obtain emergency medical care for my child when I am not available. _____(initial)

I, _____, have read a copy of the family handbook online and agree to abide by the policies and procedures for First Baptist Preschool. _____ (initial)

I understand that the school will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand and that my participation is encouraged in school activities.

Signed: _____ Date _____

(Parent/ Guardian)

Signed: _____ Date: _____

(Facility Administrator/Person-In-Charge)

