

**First Baptist Preschool 2019-2020 School Year Enrollment Form**



Child's Full Name: \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home #: \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employment Address: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home #: \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Cell #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employment Address: \_\_\_\_\_

Child's living arrangements (check one)    ( ) Both Parents    ( ) Mother    ( ) Father    ( ) Other

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

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

\*Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Relationship to Parents or Guardian: \_\_\_\_\_

\*Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Relationship to Parents or Guardian: \_\_\_\_\_

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

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Your Child's doctor or clinic name: \_\_\_\_\_ Doctor/clinic phone # \_\_\_\_\_

My child has the following special needs/services: \_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while at the school:( physical therapy, speech therapy, case workers visit's etc...) \_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies (including food) or health concerns: NO YES \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

Should (child's name) \_\_\_\_\_ Date of birth \_\_\_\_\_ suffer an injury or illness while in the care of First Baptist Preschool, and the school 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.

Parent/Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I agree to have someone pick up my child within **30 minutes** of being notified to minimize the spread of contagious illnesses to other students or staff. I also agree not to send my child to school without a **doctor's excuse** if symptoms of sickness are present or if he/she has been ill in the past **24 hours**. Failure to adhere to these policies may result in my child being permanently dismissed from school.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parental Agreements with First Baptist Preschool (FBP)**

My child will typically arrive at \_\_\_\_\_AM and will depart at \_\_\_\_\_PM each day.

I understand that failure to submit a written notice 2 weeks before withdrawing my child from the FBP 2019-2020 School year will require me to pay the next month's full tuition. \_\_\_\_\_(initial)

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

First Baptist Preschool agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to foods, etc., which include my child. \_\_\_\_\_(initial)

First Baptist Preschool agrees to obtain written authorization from me before my child participates in water-related activities occurring in water that is more than two (2) feet deep. \_\_\_\_\_(initial)

I authorize the school to obtain emergency medical care for my child when I am not available. \_\_\_\_\_(initial)

I, \_\_\_\_\_, have received a copy of the FBP 2019-2020 School Handbook, and agree to abide by the policies and procedures for First Baptist Preschool. \_\_\_\_\_(initial)

*I understand that FBP 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 that my participation is encouraged in all school activities.*

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

I am currently a member of First Baptist Church, SSI. YES NO

I am not currently a member of First Baptist Church, SSI but am interested in finding out more about what this church has to offer my family. YES NO