



The Training Center
 First Baptist Church, Fairfield
 Enrollment Information
 2011-2012

For Office Use Only

Date Received: _____
 Tuition Paid: _____
 Full/Part Time: _____
 Class Assignment: _____
 Withdrawal Date: _____

Enrollment

Full-time childcare ___ Tues/Thurs childcare ___ Kindergarten ___ Kindergarten with after school ___
 After school program ___ After school program with full-time summer ___

Child's Information

Full Name (including middle): _____

Name that child goes by: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Gender: _____

Date of Birth: _____ Age on 9/1/11: _____

Child lives with: Mother & Father ___ Mother ___ Father ___ Legal Guardian ___

Please list brothers and sisters along with their ages: _____

Please list pets: _____

Has child previously attended a daycare or preschool program? Yes/No

If so, where? _____

Does your child attend Sunday School? _____ Where? _____

Please list your child's favorite activities: _____

What fears does your child have? _____

How do you handle these fears? _____

Does your child have a special way he/she falls asleep? _____

Does your child have a security item? (blanket, pacifier, cup...) _____

Does your child usually take an afternoon nap? _____ Is your child potty trained? _____

Child must be potty trained to be enrolled in 3's and 4's Preschool Classes.

If your child is 1 and under, describe their daily feeding and nap schedules. (Please continue on back.)

Any additional information you would like us to know: _____

Parent/Legal Guardian Signature: _____ Date: _____

Parent's Information

Parents are: Married ___ Divorced ___ Separated ___ Widowed ___ Other: _____

If divorced, who has legal custody? Mother ___ Father ___ Both ___

May the non-custodial parent pick up the child? Yes/No **If no, you must provide legal documentation.

Mother's Full Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

Email Address: _____ Church Membership: _____

Father's Full Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

Email Address: _____ Church Membership: _____

Legal Guardian's Name (if applicable): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Employer: _____

Email Address: _____ Church Membership: _____

Transportation Information

If your child is enrolled in The Training Center's after school program and will be using The Training Center's transportation from school to the program, please thoroughly fill out the following information.

Name of school: Fairfield Elementary ___ Fairfield Intermediate ___

School's Phone Number: _____

Child's Grade: _____ Child's Teacher: _____

I understand that my child will leave Fairfield Elementary/Fairfield Intermediate School and travel on The Training Center van to First Baptist Church and resume classes at The Training Center. In the event that my child is absent from school or will not be attending The Training Center, I will call The Training Center before 2:00pm to let them know that my child will not be in attendance for that day.

Parent/Legal Guardian Signature: _____ Date: _____

Emergency Contacts

Name two people who would assume responsibility for you child if you cannot be reached.

Full Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Relationship to child: _____ Alternate Phone: _____

Full Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Relationship to child: _____ Alternate Phone: _____

Authorized Pickups

I hereby authorize The Training Center to allow my child to leave the facility with **only** the following persons (these are in addition to the Parents and Emergency Contacts):

Full Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Relationship to child: _____ Alternate Phone: _____

Full Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Relationship to child: _____ Alternate Phone: _____

Full Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Relationship to child: _____ Alternate Phone: _____

Full Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Relationship to child: _____ Alternate Phone: _____

I understand that my child will only be released from The Training Center to me or a person on the list. If someone who is not on this pickup list comes for my child, I will notify The Training Center in advance by phone or in person, and the person must have picture identification. I also understand that any person delivering or picking up my child must sign in or out and make staff members aware of my child’s arrival and/or departure.

Parent/Legal Guardian Signature: _____ Date: _____

Acknowledgement of Policies and Procedures

I have read and understand The Training Center’s Parent Handbook. In order to keep my child enrolled at The Training Center, I agree to abide by these policies. The Training Center has the right to refuse admission to anyone. I understand the importance of making timely tuition payments and using good judgment when determining whether to keep my child home if he or she should become ill.

Parent/Legal Guardian Signature: _____ Date: _____

Snacks *(Please write parent/guardian’s name only if the following statement is true.)*

I, _____, will be solely responsible for providing my child(ren) with a morning and afternoon snack. I understand that The Training Center is not responsible for the nutritional value of the snacks that I choose to provide for my child(ren).

Please read the following and initial “I give consent” or “I do not give consent.”

Emergency Transportation

I give The Training Center permission to transport my child to a safe location in the event of a medical emergency or an emergency evacuation. I understand that I may or may not be notified in advance of such transportation.

_____ I give consent _____ I do not give consent

Field Trips

I give The Training Center permission for my child to participate in excursions or other planned trips away from the church, so long as the church has provided advance notice of the activity.

_____ I give consent _____ I do not give consent

Water Activities

I give permission for my child to participate in supervised water activities while at The Training Center. Such activities may include sprinkler play, water table play, or wading pool play.

_____ I give consent _____ I do not give consent

Media Release

I give permission for my child to be photographed or videoed during the day at The Training Center. These pictures/videos may be used for photo albums, bulletin boards, special events, and newsletters as well as for promotional purposes such as the church website. These pictures and videos will be done in a reasonable manner.

_____ I give consent _____ I do not give consent

Parent/Legal Guardian Signature: _____ Date: _____

Medical Information

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge at The Training Center to take my child to:

Name of Physician: _____ Clinic: _____
Address: _____ City: _____ Zip: _____
Phone: _____

Name of Preferred Hospital: _____
Address: _____ City: _____ Zip: _____
Phone: _____

Insurance Company Name: _____ Policy# _____
Phone: _____

I give consent for this facility to secure any and all necessary emergency medical care when my child is in the care of this physician and/or hospital or clinic.

In the event of a life-threatening emergency, I understand that EMS will be called and that my child will be taken to the nearest hospital or facility.

Parent/Legal Guardian Signature: _____ Date: _____

Medical History

Please list any special needs or problems that your child has including allergies (food, medication, etc.), existing illnesses, previous serious illnesses, or serious injuries in which we should be made aware. Also include any hospitalizations during the past 12 months and any medication prescribed for continuous, long-term use. Please write N/A if not applicable. If more room is needed, please use the back.

Parent/Legal Guardian Signature: _____ Date: _____

Required Health Statement

In accordance with the Minimum Standards for child care centers, a health statement is required to be on file at the church before each child may attend the program.

In order for your child to be admitted to the program, you must have your child's doctor fill out and sign this form. We must also have a copy of your child's current immunization record before your child may attend the program.

Physician's Statement

I have examined _____ (child's name) within the past year and find that the child is physically able to take part in the child care program.

Name of Physician: _____ Clinic: _____
Address: _____ City: _____ Zip: _____
Phone: _____

Physician's Signature: _____ **Date:** _____

Your child's most current immunization records must be kept on file with The Training Center. If your child already has a most current copy of their immunization records on file at another program or school, please attach a signed and dated statement including this information and the name, address, and telephone number of the program or school listed in the statement.

Parent/Legal Guardian Signature: _____ Date: _____

Release of Liability

The Training Center
First Baptist Church
303 South Mount
Fairfield, TX 75840

I, the undersigned parent or guardian of _____
(Child's Name)

do assume all the risks and hazards incidental to his/her stay at The Training Center and First Baptist Church and do hereby release, absolve, indemnify, and hold harmless The Training Center, First Baptist Church, its workers and program organizers. In case of injury (or death) of my child, I hereby waive all claims against The Training Center and First Baptist Church, together with any of its ministers, staff and boards, supervisors, volunteers, and/or all of them for any injury which the child shall sustain as part of his/her participation in any programs, activities, or childcare arrangements supervised or sponsored by First Baptist Church of Fairfield.

Witness our hand this _____ day of _____, 20____ at Fairfield, Texas

(Mother/Father/Guardian)

On this date, the person(s) who are signed above personally appeared before me, being personally known by me, and in my presence executed this authorization and release form. Witness my hand and official seal this date ____/____/____ .

Notary Public

My commission expires: ____/____/____