

**First Baptist Church**  
**Preschool & Parent's Day Out**  
**Enrollment Information**  
**2009-2010**

For Office Use Only
Date Received: _____
Tuition Paid: _____
Supply Fee Paid: _____
Class Assignment: _____
Withdrawal Date: _____

**Child's Information**

Full Name (including middle): \_\_\_\_\_

Name that child goes by: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age on 9/1/09: \_\_\_\_\_

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 usually take an afternoon nap? \_\_\_\_\_

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

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, briefly describe their daily feeding and nap schedules.

\_\_\_\_\_

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: \_\_\_\_\_

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 First Baptist Church 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 First Baptist Church to me or a person on the list. If someone who is not on this pickup list comes for my child, I will notify First Baptist Church 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 First Baptist Church Preschool and Parent’s Day Out Program Parent Handbook. In order to keep my child enrolled at First Baptist Church, I agree to abide by these policies. First Baptist Church Preschool and Parent’s Day Out Program 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: \_\_\_\_\_

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

**Emergency Transportation**

I give First Baptist Church 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 First Baptist Church 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 First Baptist Church. 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 FBC’s Preschool & Parent’s Day Out Program. 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 First Baptist Church 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 this child named: \_\_\_\_\_ 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:** \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Liability**

First Baptist Church  
Preschool & Parent's Day Out Program  
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 First Baptist Church of Fairfield and do hereby release, absolve, indemnify, and hold harmless the First Baptist Church, its workers and program organizers. In case of injury (or death) of my child, I hereby waive all claims against the 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/Guardian)

\_\_\_\_\_  
(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 \_\_\_\_/\_\_\_\_/2009.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_