



Reg. Fee _____
Fall Supply Fee _____
Spring Supply Fee _____

# ENROLLMENT FORM

Please read this form carefully before signing:  
 Your child's name will not be placed on the class roll until this form is received by the director, along with a registration fee. The registration fee is non-refundable upon withdrawal.

Date to start \_\_\_\_\_

Please check:  Summer  Tu. & Th.  Tues. only  TH only  
 Fall/Spring  Tu. & Th.  Tues. only  TH only  
 WEE Learn  Preschool I or II (ages 3 & over)

Child's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Name(s) used at home \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Email address \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Sex \_\_\_\_\_

Birth - 17 Months: Please specify (circle) if  Sitting up, crawling, or walking

Child lives with (circle):  Mother & Father  Mother  Father  Other \_\_\_\_\_

**Father's Name** \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family religious preference \_\_\_\_\_ Church membership \_\_\_\_\_

Please list at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

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

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Persons authorized to pick up child \_\_\_\_\_

\_\_\_\_\_

Persons who **MAY NOT** pick up child \_\_\_\_\_

\_\_\_\_\_

## Child's Health Information

General health of child \_\_\_\_\_

Has your child had: \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Flu

\_\_\_\_\_ Meningitis \_\_\_\_\_ Convulsions \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Tubes in ears

Long-term medication taken \_\_\_\_\_

Is there any evidence of any of the following? Please explain.

Hearing loss or difficulties? \_\_\_\_\_

Vision difficulties? \_\_\_\_\_

Speech disabilities? \_\_\_\_\_

Please explain and give dates:

Hospitalizations? \_\_\_\_\_

Operations? \_\_\_\_\_

Other serious illnesses? \_\_\_\_\_

Allergies (include food): \_\_\_\_\_

\_\_\_\_\_

Are there any developmental concerns that you would like to call to our attention to?

\_\_\_\_\_

\_\_\_\_\_

## Miscellaneous Information

Is your child potty trained? \_\_\_\_\_ If so, please list specific terms used \_\_\_\_\_

Any specific instructions? \_\_\_\_\_

Special eating habits? \_\_\_\_\_

Sleep/nap habits? \_\_\_\_\_

Special security items for you child and what they're called? \_\_\_\_\_

\_\_\_\_\_

Attitude toward school? \_\_\_\_\_

Does he attend Sunday School or any other group activities? \_\_\_\_\_

Please list: \_\_\_\_\_

What type of discipline is your child used to? \_\_\_\_\_

Is this the first time your child has been away from you for several hours? \_\_\_\_\_

Any other helpful information you'd like to share to help us care for your child more effectively?

\_\_\_\_\_

\_\_\_\_\_

Names of siblings and other family members living in your home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Types of pets and their names? \_\_\_\_\_

A copy of this form will remain in your child's classroom. Please include any additional information that might be helpful to the teachers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Release of Liability

“First Baptist Church”

I, \_\_\_\_\_, of the city of \_\_\_\_\_,

(Parent or Guardian ... Please Print)

state of Texas, hereby affirm that my child \_\_\_\_\_

(Child's Name ... Please Print)

shall be participating on the following date(s) September 1, 2018 – August 31, 2019 in Little Disciples Preschool hereinafter referred to as “the Activity”.

I certify that I am cognizant of the inherent dangers associated with participation in the Activity and with the fact that participating in the Activity may take place outside of, or off of, church premises.

I understand and agree that neither “First Baptist Church”, not its trustees, representatives, instructors or agents may be held liable in any way for any occurrence in connection with my child's participating in the Activity which may result in injury, harm or other damages to me or my family.

As a part of the consideration for being allowed to enroll and participate in the Activity, I hereby personally assume all risks in connection with my child's participation in the Activity. I further release “First Baptist Church”, its trustees, instructors, agents and representatives for any injury or damage which may befall my child while my child is enrolled in or participating in the Activity. I further agree to save and hold harmless “First Baptist Church”, its trustees, instructors, agents and representatives from any claim by me or my family, estate, heirs or assigns arising out of my child's enrollment and participation in the Activity. I also authorize “First Baptist Church” to render or obtain such emergency medical care or treatment as may be necessary should any injury, harm or accident occur to my child while participating in the Activity.

I further state that I am of lawful age and legally competent to sign this affirmation and release; that I understand the terms herein are contractual and not a mere recital; and that I signed this document of my own free act and volition. I further state and acknowledge that I have fully informed myself of the contents of this affirmation and release by reading it before I have signed it.

I have executed this affirmation and release on the \_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Signature \_\_\_\_\_

# Authorization for Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorized the staff of First Baptist Church, Graham, to take my child, \_\_\_\_\_, to the closest Emergency Room, or the following physician or his/her associates, for medical care.

Dr. \_\_\_\_\_ Hospital \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_

Special Instructions \_\_\_\_\_

I give consent for this facility to administer any and all treatment deemed necessary by the attending physician. I understand I am financially responsible for all expenses incurred for the case of my child.

\_\_\_\_\_  
Signature of Parent/Guardian

Date \_\_\_\_\_

---

## Field Trips

Field trips will be planned as a part of the preschool program (primarily for the older classes). Field trips will include traveling by church van to points of interest in the community.

Field trips will be planned in advance and parents will be informed of field trips in advance. Every possible precaution will be taken to assure the safety and welfare of your child.

I give my permission for my child to go on any field trip that is to be taken this year:

Yes

No

I would be able to help by accompanying my child's group as a helper when asked:

Yes

No

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

# Photography / Newspaper Release

The staff at First Baptist Church are proud of our preschoolers and we like to show them off!! Occasionally, our staff takes snapshots to show and may even be placed in the newspaper, our website, or used in a power point presentation at church. Your permission is required. Please check your preference below:

\_\_\_\_ Please check here if you are giving permission for your child to be photographed.

\_\_\_\_ Please check here if you **DO NOT** wish to have your child photographed.

Preschooler's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

---

Dear Parents –

Thank you for taking the time to complete all of these forms. It will help us be able to care for your child more effectively. If anything changes during the year, please put these changes in writing and give to the director.

Thanks!