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|-------------------------|
| 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, 2020 – August 31, 2021 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!