

First Friends PRESCHOOL



ADMISSION / ENROLLMENT INFORMATION		
Operation Name: First Friends Preschool	Director's Name: Katie Palmer	Date of Admission:
Child's Full Name:	Child's Date of Birth:	Gender (check one): <input type="checkbox"/> MALE or <input type="checkbox"/> FEMALE
Child's Home Address		Child's Home Phone Number:
Mother's Name & Address <i>(If different than Child's Home Address)</i>	Mother's Home Phone Number:	Mother's Work Phone Number:
Father's Name & Address <i>(If different than Child's Home Address)</i>	Father's Home Phone Number:	Father's Work Phone Number:
Contact Email		
EMERGENCY CONTACT: Please list a person to call in case of an emergency if parents cannot be reached		
Emergency Contact's Name		Relationship to Child
Emergency Contact's Address	Cell Phone Number	Work Phone Number
Are you church members? If so, where?		
MEDICAL INFORMATION		
List any special problems your child may have such as ALLERGIES, especially FOOD ALLERGIES, existing or previous illnesses, injuries or hospitalizations, or any medications prescribed for long-term continuous use and any other information which caregiver's should be aware of:		
Name of Licensed Physician		Name of Clinic
Address		Phone Number
Immunization Record: <input type="checkbox"/> Attached is a copy of my child's most current immunization record.		
AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to either the licensed physician or hospital or clinic listed above. I give my consent for the physician or facility to secure any and all necessary emergency medical care for my child.		
Signature of Parent/Guardian: _____		Date: _____

FOR OFFICE USE ONLY:

Date Received: _____ Registration Fee: _____ Cash / Check #: _____
 Registration Packet: _____ Immunization Records: _____ Account Current: _____

First Friends

PRESCHOOL

ACTIVITIES PERMISSION FORM

Child's Name: _____

FIELD TRIPS/TRANSPORTATION:

For Preschool, FBC will provide transportation for field trips. We will not ask parents to provide transportation because of insurance restrictions. However, you may make arrangements to drive your own child to the field trip, if you prefer.

For MDO and Preschool, short walking field trips are a part of the program.

I understand that:

- I will be notified in writing before a field trip takes place informing me of the destination and time of the trip.
- If I do not wish for my child to participate in a particular field trip, I should keep him/her home on that day as there will not be adequate supervision for him/her in the classroom.

_____ I give permission for my child to participate in school sponsored field trips.

_____ I do NOT give permission for my child to participate in school sponsored field trips.

PHOTOS:

Your child/family may be photographed and/or videoed in his or her classroom or at class parties. We may use these photos for educational and program promotional material. Additionally, we may post these photos to our church's website or social media.

_____ I give permission for my child/family photos and videos to be used in educational and promotional literature and also on FBC Abilene's website or social media.

_____ I do NOT give permission for my child/family photos and videos to be used in educational and promotional literature and also on FBC Abilene's website or social media.

WATER FUN:

Occasionally, we may have water activities here on campus such as sprinkler play, splashing/wading pools, slip n slide, inflatables, and water table play. In the event of sprinkler play, pools, slip n slide, and inflatables you will be notified in writing before the event takes place.

_____ I give permission for my child to participate in water activities.

_____ I do NOT give permission for my child to participate in water activities.

DIRECTORY:

Our teachers may decide to put together a Class Directory with your child's name, address, and phone number listed. This directory is used only for classroom needs such as invitations to birthday parties, thank you cards, etc.

_____ I give permission for my child's information to be listed in the class directory.

_____ I do NOT give permission for my child's information to be listed in the class directory.

By signing below, I agree to all of the above selections for the entire summer program, unless I notify the program in writing.

Parent's Signature

Date