



First Friends Mother's Day Out and Preschool

MDO ___ Tues only ___ Thurs only ___ Both days	Preschool ___ Tues only ___ Thurs only ___ Both days	
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Admission/Enrollment Information

Operation Name First Friends Preschool		Director's Name Jennifer Woodard	Date of Admission
Child's Full Name	Gender (circle one) Male Female	Child's Date of Birth	Child's Home Telephone Number
Child's Home Address:			
Street	City	State	ZIP
Mother's Name and Address		Mother's Cell Phone Number	Mother's Work Number
Father's Name and Address		Father's Cell Phone Number	Father's Work Number
Contact Email			
Give the Name of a person to call In Case of EMERGENCY if Parents cannot be reached:			
Name: _____ Address: _____ Relationship to Child: _____			
Emergency Contact Phone Numbers: Home: _____ Cell: _____ Work: _____			
Are you church members? If so, where?			

Medical Information

Name of Licensed Physician	Address	Phone
Name of Hospital or Clinic	Address	Phone
List any special problems your child may have such as 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:		
Immunization Record: [] 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: _____

One is the use of security codes. If you or anyone listed in your child's file cannot pick up your child, please call us and tell us who will be coming and then you will need to give that person your security code. Once we verify their I.D. and hear them say the security code, we will release your child to the approved person.

Security codes can be sibling's names or pet's names, nicknames, favorite sports team, simply anything you can remember in case of an emergency.

***Please complete both sections.**

OFFICE COPY

Child's Name: _____

Security Code: _____

I hereby authorize this program to allow my child to be released from this program with the following individuals:

Name: _____ Phone Number _____

Name: _____ Phone Number _____

Do **NOT** release child to the following person(s):

Parent Signature

***Please complete both sections.**

TEACHER COPY

Child's Name: _____

Security Code: _____

I hereby authorize this program to allow my child to be released from this program with the following individuals:

Name: _____ Phone Number _____

Name: _____ Phone Number _____

Do **NOT** release child to the following person(s):

Parent Signature

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: Occasionally, 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 school year, unless I notify the program in writing.

Parent's signature

Date