

Admission Information

Friends in Christ Preschool
Patti Eubank, Director

Date of Admission: Office Use Only

REGISTRATION INFORMATION-All areas must be completed.

Child's Full Name _____ Nickname _____

Home Address _____

Phone Number _____ Date of Birth _____ Sex _____

Father's Name _____ Father's Occupation _____

Work Phone _____ Cell Phone _____

Mother's Name _____ Mother's Occupation _____

Work Phone _____ Cell Phone _____

Family Email Address: _____

PERSONS TO CONTACT IN CASE OF EMERGENCY (other than parents)-Addresses must be included:

1. Name _____ Phone _____

Address _____

2. Name _____ Phone _____

Address _____

RELEASE OF CHILD

In addition to the parents listed above, I authorize Friends in Christ to allow my child to leave our facility with the following people only:

Name _____ Phone # _____

Name _____ Phone # _____

List anything we should know about your child (Medical, Allergies, etc.)*see Allergy policy on the next page*****

I agree that all the information on this page is correct and current:

Year: _____ Parent Signature: _____

Year: _____ Parent Signature: _____

Year: _____ Parent Signature: _____

Year: _____ Parent Signature: _____

Health-care Statement: One of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Name of Child _____

HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he/she is able to take part in the day care program.

_____ **Health-care Professional's Signature** _____ **Date**

A signed and dated a copy of a health care professional's statement is attached.

If medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of, I have attached a signed and dated affidavit stating this.

****Not providing the healthcare statement may result in your child having to withdraw from our program.****



I agree to provide a copy of my child's immunizations records every year my child is enrolled.

For office Use: _____ Year _____ Year _____ Year _____ Year



All 4 year old students are required by the State of Texas to have a hearing and vision screen done. Please provide a copy if your child is of age.

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:

Name of Physician:	Address:	Ph. #:
_____	_____	_____
Name of Emergency Medical Care Facility:	Address:	Ph. #:
_____	_____	_____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature-Parent or Legal Guardian

I agree that all the information on this page is correct and current:

Year: _____ Parent Signature: _____

Year: _____ Parent Signature: _____

Year: _____ Parent Signature: _____

Year: _____ Parent Signature: _____

All About Me

Friends in Christ Preschool

My name is _____ . My nickname is _____ .

I am _____ years old. My birthday is _____ .

At work, my dad _____ . At work, my mom _____ .

My brothers are _____ . They are _____ years old.

My sisters are _____ . They are _____ years old.

I have _____ grandparents. I call them _____ .

and _____ .

My pets are _____ .

My favorite foods to eat are _____ . I dislike these foods _____ .

The children I play with most are _____ .

I like to play _____ . I like to sleep with _____ .

My favorite color is _____ .

When I color, I use my _____ hand. I'm a little scared of _____ .

When I'm sad _____ makes me feel better.

Sometimes I need help with _____ .

The following best describes me (check all that you feel apply):

_____ happy _____ energetic _____ shy _____ cuddly _____ playful

_____ aggressive _____ creative _____ kind _____ friendly _____ quiet

_____ talkative _____ sharing _____ caring _____ busy _____ active

Please list below any other information that you would like your child's teacher to know.

Allergy Policy

In order to ensure the safety of children with a life-threatening allergy the following steps will be followed:

- * The child's name and allergy will be posted in the room for all the caregivers to see.
- * We will notify the child's class that we have a child with a known food allergy.
- * At lunch the child will not be placed next to any child that has a hazardous food.
- * The child will only be allowed to eat food that is brought from home (unless in the presence of their parent). This includes lunches, snacks, and special party treats. The teacher will make every effort to inform parents of those special days ahead of time, so that arrangements can be made.
- * The parent will be given a supply of disposable bracelets to be placed on the child daily; this will alert *all* caregivers to the allergy, preventing food to be given to the child.
- * No crafts will be done with allergens (suitable substitutes will be found)
- * A Food Allergy Emergency Plan form will need to be completed by your health care professional and returned to FIC within the first week of attendance.

This policy is to safe guard those children with life threatening allergies. If you want your child to participate please sign and return the form.

I, _____, the parent of _____, which has a serious _____ allergy would like to safe guard my child by following the procedures listed above.

****Only sign this if you wish for your child to NOT receive any food item from our program****

Dietary Restrictions

My child has the following dietary restrictions:

_____ Vegetarian

_____ Vegan

_____ No Beef

_____ No Pork

_____ No Gluten

Other: _____

FIC Preschool and Kindergarten Parent's code of Conduct

As my child's most important educator, I understand that I teach my child best by my own example of reverence, responsibility, and respect. I understand that FIC Preschool and Kindergarten is dedicated to serving my family. In order to show my cooperation and support...

- I will set a good example in my own speech and behavior
- I will show respect for the teacher and any other adult in authority in front of my child at all times.
- I will stop rumors; I will go through the proper channels when I have a problem.
- I will speak respectfully and with kindness and courtesy to other parents in front of students, especially when there is any disagreement.
- I will supervise my child at drop off and pick up times
- I will supervise my child even when I am socializing outside after pick up times.

I will abide by this code of conduct while my child is enrolled in Friends in Christ Preschool and Kindergarten.

The FIC Preschool Code of Conduct was developed to promote a Christian learning environment based on respect for the rights of students, teachers and parents. Students learn best when they are free of interference by others and know what is expected of them. Teachers are most effective when they use a consistent approach to student behavior and know that the administration and parents support their handling of students. Therefore, parents and students both need to be aware of these rules and their relationship to the rights of other persons in our school.

Parents or Guardian Name Printed

Parent or Guardian Name Signed

Date

PHOTOGRAPHS

As your child participates in our program, throughout the year we take pictures to include in a scrapbook that will be given to your child at the end of the year. Pictures may also be taken for various bulletin boards or our newsletters.

By checking this box, my child may NOT be photographed while they are in FIC's care.

Parent Guidelines

I acknowledge receipt of Friends in Christ Preschool's Parent Guidelines including those for discipline and guidance.

Signature-Parent or Legal Guardian

Date

I agree that all the information on this page is correct and current:

Year: _____ Parent Signature: _____

Year: _____ Parent Signature: _____

Year: _____ Parent Signature: _____

Year: _____ Parent Signature: _____