

Admission Information

Operation Name First Baptist School		Director's Name Sharon St. Peter	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal	Parents' (guardian's) Driver's License number for call-in verification Mother's: _____ Dad's: _____	
Parents' or Guardian's Name		Address (if different from child's address)	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.	Cell Phone No.
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

CHECK ALL THAT APPLY: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees for emergency care.	
1. <input type="checkbox"/> TRANSPORTATION:	
2. <input type="checkbox"/> We do not take FIELD TRIPS off of school property.	
3. <input type="checkbox"/> WATER ACTIVITIES: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities: <input type="checkbox"/> sprinkler play <input type="checkbox"/> water table play	
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES: I acknowledge receipt of the facility's operational policies including those for discipline and guidance.	
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE: <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack	
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:	
<input type="checkbox"/> Mondays	from: _____ to: _____
<input type="checkbox"/> Tuesdays	from: _____ to: _____
<input type="checkbox"/> Wednesdays	from: _____ to: _____
<input type="checkbox"/> Thursdays	from: _____ to: _____
<input type="checkbox"/> Fridays	from: _____ to: _____

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: Driscoll Children's Hospital	Address: 3533 S. Alameda, Corpus Christi, TX 78411	Ph.#: 361-694-5000
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Signature – Parent or Legal Guardian

Date

Health Requirements

Child's Name _____ Birth Date _____

I have provided the school/childcare facility with **a copy of my child's most current immunization record**, which has the signature or stamp of a physician or public health personnel verifying immunization information.

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. **If your child has had chickenpox, please complete the statement:** My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Parent's Signature: _____ **Date:** _____

____ I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

Admission Requirement: One of the following must be presented when your child is admitted or within one week of admission.

Please check only one option:

1. ____ 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 school and daycare program.

Health Care Professional's Signature _____ **Date** _____

- 2. ____ A signed and dated copy of a health care professional's statement is attached.
- 3. ____ 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.
- 4. ____ My child has been examined within the past year by a health care professional and is able to participate in the school/daycare program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the school office.

Name and address of health care professional: _____

Parent or legal guardian Signature: _____ **Date** _____

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

Signature-Parent or Legal Guardian

Date

For additional information regarding immunizations contact the Department of State Health Services at
http://www.dshs.state.tx.us/immunize/school_info.htm

INFORMATION CONCERNING CHILDREN WITH FOOD ALLERGIES

My child **does not** have any known food allergies.

Parent's signature: _____ **Date:** _____

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If your child **does have any known food allergies**, please read the following statement carefully and ask your child's physician to provide the required documentation, a FARE Food Allergy and Anaphylaxis Emergency Care Plan. The forms for this Plan are available in our school office. We need this documentation to be in your child's file before your child begins attending First Baptist School.

The Minimum Standards for Licensed Child Care Centers state:  
The child care center must have a food allergy emergency plan for each child with a known food allergy that has been diagnosed by a health care professional. The child's health care professional and parent must sign and date the plan.

**A food allergy emergency plan is an individualized plan prepared by the child's health care professional that includes:**

- 1. A list of each food the child is allergic to;
- 2. Possible symptoms if exposed to a food on the list;
- 3. And the steps to take if the child has an allergic reaction.

**A list of children who have food allergies, food restrictions requested by parents, a history of asthma, and insect allergies is posted in every classroom and inside the kitchen/cafeteria doorway.**

I will provide a FARE Food Allergy and Anaphylaxis Emergency Care Plan for my child's file and I agree to allow my child's name to be posted on the classroom list so that every teacher will be aware to take precautions.

**Parent's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **No custody issues apply to our family.**

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

\_\_\_\_\_  
Date

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**If a custody issue applies to your family, please complete the following:**

- Mother & father have joint custody and either parent may pick up the child. \_\_\_\_\_
- Mother has sole custody. \_\_\_\_\_
- Father has sole custody. \_\_\_\_\_
- Other \_\_\_\_\_

- Please list any restrictions or visitation rights that may pertain to your case:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A copy of legal Court documents have been submitted for my child's file.**

\_\_\_\_\_  
Signature of Parent or legal guardian

\_\_\_\_\_  
Date

Release of Media Authorization

During specific events and activities, pictures or video may be taken of the children. Please write "yes" or "no" to indicate permission for the release of your child's photo by First Baptist School for the purpose of...

\_\_\_\_\_ Newspaper \_\_\_\_\_ Brochures \_\_\_\_\_ Television \_\_\_\_\_ Website

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

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

To help us locate you in an emergency, please provide the information below:

Mother's E-mail address: \_\_\_\_\_

Mother's place of employment, including address and phone number:

Name of employer/business \_\_\_\_\_

Address \_\_\_\_\_

Business phone number \_\_\_\_\_

Father's E-mail address: \_\_\_\_\_

Father's place of employment, including address and phone number:

Name of employer/business \_\_\_\_\_

Address \_\_\_\_\_

Business phone number \_\_\_\_\_

Member of First Baptist Church: (circle one) yes no

For Office Use Only: Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Registration Date: \_\_\_\_\_ By \_\_\_\_\_

Schedule: \_\_\_\_\_

Discounts: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_ By \_\_\_\_\_

5 Half Day (8-12) \_\_\_\_\_

3 Half Days \_\_\_\_\_

2 Half Days \_\_\_\_\_

\_\_\_\_\_ Multiple Child

\_\_\_\_\_ Church Member approval

received

\_\_\_\_\_ Staff

Reg. Amount Pd. \_\_\_\_\_ Check # \_\_\_\_\_

5 School Day (8-3) \_\_\_\_\_

3 School Days \_\_\_\_\_

2 School Days \_\_\_\_\_

Tuition Pd \_\_\_\_\_ Check # \_\_\_\_\_

5 Full Days (7-6) \_\_\_\_\_

3 Full Days \_\_\_\_\_

2 Full Days \_\_\_\_\_

Prorated: \_\_\_\_\_

Registration \_\_\_\_\_

Tuition \_\_\_\_\_

- \_\_\_\_\_ Immunization Record
\_\_\_\_\_ Health Statement signed by physician
\_\_\_\_\_ Parent Contract signed
\_\_\_\_\_ Medical & Emergency Info.
\_\_\_\_\_ Allergy list
\_\_\_\_\_ Smart Tuition
\_\_\_\_\_ Info for Teacher
\_\_\_\_\_ Phone Card

**FIRST BAPTIST SCHOOL ~ Early Childhood Department  
PARENT CONTRACT**

As the parent/guardian of \_\_\_\_\_, I hereby make agreement to enroll my child in First Baptist School and abide by all school policies and procedures as well as the following provisions of this contract.

It shall be the policy of First Baptist School to use positive disciplinary methods and to promote appropriate behavior through the use of positive affirmation. The goal of the school shall be to promote a positive attitude in our students and develop high self-esteem, Biblical and personal responsibility for behavior and excellent interpersonal relationship skills that will benefit the student throughout life. I will be kept informed of persistent misconduct and will participate in the school's effort to remedy my child's misbehavior as needed.

**Registration** is payable in full at the time of registration and is non-refundable.

**Tuition** is paid ONLY through the Smart Tuition, a tuition management company. I understand that the monthly tuition is due in full on the 1<sup>st</sup> or 15<sup>th</sup> of each month depending on what day I designated on the Smart Tuition registration form. I also understand that a delinquent fee of **\$75.00** will be assessed to my account if tuition is not paid in full by the date I designated on the Smart Tuition registration form.

**If monthly tuition and late fees are not paid in full by the end of the month, the student will be unable to return to school on subsequent school days until all amounts are paid in full.**

**Neither credit nor refund is granted for a child's absence from school, school holidays or vacations.**

I further understand that failing to pick up my child by 6:00 p.m. (according to the school's clock) will result in a late pick-up charge of \$2.00 per minute per child, for the number of minutes I am late.

Extra daycare charges must be paid within 5 days of the date incurred. If not paid in full within 5 days, your child or children will not be able to stay for daycare until the balance is paid in full. You will be called to pick up your child.

**Withdrawing a child:** Parents must submit in writing, with a minimum of 2 weeks' notice, their plans, including dates, for withdrawing a child from FBS. Charges will continue to incur until office personnel receive such notice. In every case of withdrawal, tuition is payable to the end of the month in which the child is withdrawn. My child's records may be transferred upon payment in full of account balance.

**Lunches** must be paid in advance: Lunches served in the cafeteria are \$3.00 daily. I understand that if I have not paid for my child to eat the school lunch, I must provide a lunch for my child.

I agree with the school that it is in the best interest of my child when I and the school, its teachers and administrators fully cooperate and communicate. I have been informed of the school's hours of operation, tuition, and registration fees and have received a Parent Handbook stating the facility's policies. By enrolling my child in First Baptist School, I agree to follow all policies and procedures outlined in the First Baptist School Early Childhood & Child Care Parent Handbook and I agree to sign my child in and out on the classroom roster each day.

I understand First Baptist School does not practice racial discrimination. I have read and will comply with the above stated policies. I understand that failure to accept these responsibilities could result in the dismissal of my child from the school.

\_\_\_\_\_

\_\_\_\_\_

**Responsible Parties' Signatures  
(Two signatures required where applicable)**

**Date**

\_\_\_\_\_

**Director's Signature**