



Preschool and Mother's Day Out 2020 – 2021 Registration Form

Check all that apply:

Mother's Day Out (9:00-2:30) __ Tues __ Thurs __ Both	Summer Fun Days (9:00-2:30) __ Tues __ Thurs __ Both	__ Preschool 3s (9:00-12:00)	__ Preschool 4s (9:00-12:00)	Extended Preschool (3s & 4s 12:00-2:30) __ Tues __ Thurs __ Both	__ 5s Transitions Class (9:00-2:30)
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Operation Name First Steps		Director's Name Elaine Clark		Date of Admission 9/8/2020
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 (if different than child)		Mother's Cell Phone Number		Mother's Work Number
Father's Name and Address (if different than child)		Father's Cell Phone Number		Father's Work Number
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	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: <input type="checkbox"/> Attached is a copy of my child's most current immunization record. Health Care Profession Statement: (check one box) <input type="checkbox"/> My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation. <input type="checkbox"/> Attached is a signed and dated copy of a health care professional's statement. Medical Exclusion: <input type="checkbox"/> Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization or of reason of conscience, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.		
Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete this statement: "My child had varicella disease (chickenpox) on or about _____ and does not need varicella vaccine."		
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 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

ACTIVITIES PERMISSION FORM

Child's Name: _____

Field Trips/Transportation: First Steps will provide van transportation for field trips. However, you may arrange to drive your child to the field trip. First Steps may take short walking field trips that are a regular 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 understand I must install my child's car safety seat in the field trip van due to a mandate by the State of Texas to provide transportation.

_____ 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: www.firstamarillo.org.

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

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

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 this 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.

Lunch: _____ I do understand that if my child stays for Extended Preschool, I am responsible for providing my child a lunch.

Snacks: _____ I do understand that I am responsible for providing my child a daily snack.

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

Parent's signature

Date

SECURITY INFORMATION

We are committed to keeping each child safe. We have security protocols in place to ensure this happens. 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.

Child's Name: _____ Security Code: _____

I authorize First Steps to release my child to the following individuals (other than parents):

Name: _____ Phone Number _____

Name: _____ Phone Number _____

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

Parent Signature

Date

RECEIPT OF HANDBOOK

The 2020-2021 Operational Policies & Parent Handbook is available on the internet at:

<https://www.firstamarillo.org/first-steps>

We are asking that you consider using the internet to access and review the 2020-2021 Handbook. Using the internet to access the handbook will limit the amount of printed paper at the time of registration. If any changes occur in the handbook, a note will be sent home with your child explaining the changes and a sheet for parents to sign.

Please check one box and sign below:

- ☐ I will review the 2020-2021 Operational Policies & Parent Handbook on the internet.
My signature below acknowledges receipt of the Operational Policies & Parent Handbook.
- ☐ I prefer a paper copy of the Operational Policies & Parent Handbook.

Parent Signature

Date

For Office Use Only:

Date Received: _____

Registration Amount Paid: _____

Cash / Check # _____

Notes: