



Registration Checklist

2009-2010

The following is a list of forms that must be returned to

First Friends by September 3, 2009

- _____ Enrollment Form (3 pages; all blanks completed)
- _____ Current Immunization Record (to be obtained from your physician)
- _____ Health Statement (to be obtained from your physician stating that your child
has been examined and can participate in our program)
- _____ Child and Family Information Sheet
- _____ Pizza Money (\$21.00 per child)
- _____ First Friends T-Shirt (\$10.00)



First Friends Enrollment Form

FBC Prosper
Lori Blanscet, Director

Child's Name _____		Sex _____	Date of Birth _____
Home Address _____		Age as of 09/01/09 _____	
City _____	State _____	Zip _____	Home Phone _____ E-mail _____
Mother's Name _____		Mother's Address _____	
Home Phone _____	Cell Phone _____	Work Phone _____	
Father's Name _____		Father's Address _____	
Home Phone _____	Cell Phone _____	Work Phone _____	

EMERGENCY CONTACT PERSON: In the event that either parent cannot be contacted or cannot pick up their child, these persons can act on the parent's behalf and are authorized to pick up at First Friends. **Please include at least 3 contacts. All information must be included.**

Name	Address, City, State & Zip	Phone Number
1.		
2.		
3.		
4.		

CHECK ALL THAT APPLY:

The First Friends "Parent Handbook" & "Discipline & Guidance" policy are both located on our website: www.fbcprosper.org

1. **VIDEO/PHOTO RELEASE** I give consent for photographs and/or video to be taken of my child while at First Friends.
2. **RECEIPT OF PARENT/STUDENT HANDBOOK** I acknowledge receipt of the "Parent Handbook" & will adhere to it's policies.
3. **RECEIPT OF DISCIPLINE & GUIDANCE POLICY** I acknowledge receipt of the "Discipline & Guidance" policy.
(located online in the Parent Policy Handbook)

Signature of Parent: _____ Date: _____

For office use only:

Date of Admission: _____

Date of Withdrawal: _____

Class Enrolled:

_____ Pre 2's _____ 3's

_____ 2's _____ 4's

Paperwork:

_____ Reg. form

_____ Immunizations

_____ Signed Polices



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HEALTH ADMISSION REQUIREMENTS

HEALTH STATEMENT: (Check One)

- Physician's Statement: I have examined the above named child within the past year and find that he/she is physically able to take part in the daycare program.

Health Professional's Signature

Date

OR

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

OR

- Medical diagnosis and treatment conflict with the tenants 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.

IMMUNIZATION REQUIREMENTS: (Check One)

- I have attached a copy of my child's Current Physician Immunization Record.
My child had Varicella disease (chickenpox) No Yes, Date _____

OR

- 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 two years.

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

HEARING & VISION REQUIREMENT FOR 4 & 5 YEAR OLDS: (Check One)

- I have attached a copy of my child's Hearing and Vision Results

Hearing Results must include Hearing frequencies (1000, 2000, & 4000 Hertz)

Vision must include distance acuity (20/20, 20/30, etc)

OR

- I will use Metroplex Education Consultants to provide this service, for the cost of \$16.00

OR

- Hearing & Vision Requirements are not applicable to my child because he/she is under 4 years of age.

Signature of Parent: _____ Date: _____



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Name of Child: _____ DOB: _____

MEDICAL TREATMENT AUTHORIZATION

I, _____, give First Friends permission to obtain emergency medical treatment for my child. If the physician listed below cannot be reached, permission is granted for another licensed physician to be called.

Child's Physician _____ Physician's Phone _____

Address _____

Hospital Preference _____ Address & Phone _____

Medical Plan _____ Group Number _____ Policy Number _____

Allergies & Medical Needs

Allergies: _____
List any special needs: _____

Signature of Parent: _____ Date: _____



CHILD & FAMILY INFORMATION SHEET

For Office Use Only Class Assignment _____

Child's Name: _____ **Birth Date:** _____

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

E-Mail _____ E-Mail: _____

Occupation: _____ Occupation: _____

Hobbies: _____ Hobbies: _____

How did you find out about our program? _____

Previous preschool/MDO attendance? () Yes () No If yes, where _____

Church member? () Yes () No If no, where _____

Are parents: () Living together? () Separated? () Divorced? If separated or divorced, who has custody of the child? _____

Name and birthdates of brothers and sisters: _____

Names by which you call Grandparents: _____

Pets and their names: _____

Describe your child's personality: _____

What are your child's favorite:
Outdoor play activities? _____
Indoor play activities? _____
Parent/child activities? _____

List any extracurricular activities your child is involved in: _____

Is your child potty trained? () Yes () No Does the child use special words to go to the restroom?
If so, what? _____

Child's allergies: _____

List any special concerns or medical needs: _____

Child's fears or other habits we need to be aware of: _____

Any helpful information that you can give to make your child's school day a successful one:
