

Parents/Guardians,

It is our mission to provide quality care for children and families at First Baptist Learning Center. Our learning program exists to provide your children with a warm, loving environment where he or she feels safe, secure, and happy. Our program stimulates spiritual and educational growth and most importantly love, acceptance, and safety to all the children.

The enrollment packet for 2025/2026 will need to be completed and returned by June 15th, 2024 including a $50.00 registration fee per family. The completed paperwork and payment ensure a spot for your child in August. If you have any questions, please do not hesitate to ask me.

I am so proud of the achievements and accomplishments of our students here at FBLC. We have great memories and exciting events to look back on as we continue to bring new initiatives to the classrooms in August.

A special thanks to you, the parents who have contributed in ways small, large and unimaginable! Thank you for the partnership between home and school, which is so important. We appreciate all that you do each and every day for our learning center and our children!

We look forward to a wonderful 2025/2026 school year!!

Penny Green

**Get Acquainted Record**

My name is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My nickname is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have \_\_\_ brothers & \_\_\_ sisters, their names and ages are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My favorite activity is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My favorite food is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My least favorite food is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My favorite person is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am afraid of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I can do all these things by myself: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child had previous day care experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list prior caregivers and/or day care centers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe these experiences: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of discipline is used at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child eat unaided? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does he/she enjoy eating? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have a special diet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Due to your child’s tastes, allergies, reactions, etc., are there any foods that should not be served to your child? \_\_\_\_\_\_\_\_\_\_\_\_ If so, please list these foods: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

How does your child go to sleep? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any special dolls or toys he/she needs in order to go to sleep? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

What is the usual time and length of naps taken each day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long does he/she usually sleep at night? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_\_\_\_\_ If no, will he/she be toilet trained by August? \_\_\_\_\_\_\_\_\_

**Important Note Regarding Toilet Training:** Before a child can be promoted to the three or four-year-old classes, the child must be fully toilet trained. Each child should be wearing underwear, not pull-ups or diapers at school. For the purposes of clarification, our definition of fully toilet trained is: he/she recognizes his/her need to use the restroom, informs an adult of the need to go, enters the restroom on his/her own, removes necessary clothing with little to no assistance, sits or stands at the commode and handles own hygiene, redresses, washes his/her hands and rejoins the class*. If your child is not completely toilet trained by August, you understand and agree that your child will not be promoted to a three or four-year-old class until toilet training is complete.*

Please list any personal habits, thumb sucking, nail biting, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any specific words used to describe bodily functions or objects? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other information we may need to know about your child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

What are your main expectations of the FBLC Program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**First Baptist Learning Center Permission to Release Student Information 2025-2026**

During the school year, First Baptist Learning Center students are engaged in various academic activities and may also participate in extra-curricular activities such as field trips, visits from community partners, and weekly worship sessions. Often, stories about what is happening at school will feature student names, pictures, and even videos. We also might want to use your child’s name, photograph, or video on our website and/or social media pages.

First Baptist Learning Center will not release student information for commercial or other purposes. The purpose of release will always be related to school business.

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child’s name and/or photograph can be included in school newsletters, yearbooks, websites, and class photographs. \_\_\_\_\_YES \_\_\_\_\_NO

My child’s photograph/video can be released to the news media (local TV station, local paper, ex: The Sentinel, The Clarion, Huntsville Times). \_\_\_\_\_YES \_\_\_\_\_NO

My child’s picture and/or video can be published on First Baptist Church and/or First Baptist Learning Center websites and/or social media pages. \_\_\_\_\_YES \_\_\_\_\_NO

My child’s selected school materials/work may be published on the First Baptist Church and/or First Baptist Learning Center websites and/or social media pages and/ or in local news media publications. \_\_\_\_\_YES \_\_\_\_\_NO

I waive any right to inspect and/or approve finished products and release First Baptist Church and First Baptist Learning Center from any liability by virtue of distortion by processing. I further agree that these terms may be used for publication, broadcast or reproduction without limitations, or reservation or fee. I accept responsibility, knowingly that this release is on file, to have it removed when and if I deem it is disadvantageous or inadvisable to have my child featured in such a manner.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name

**Medical History and Physical Examination Report**

# TO BE COMPLETED BY PHYSICIAN AND RETURNED WITH

# A CERTIFICATE OF IMMUNIZATION FORM

**Parents: Please Complete**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name:** |  |  |  |
|  | **First** | **Middle** | **Last** |
| **Date of Birth:** |  |  |  |
|  | **Month** | **Day** | **Year** |

**Physician’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has the child had any serious illness, injury, surgery, or hospital stay? If yes, please explain.**

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

## Physician: Please Complete

Please check next to any present health concern:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Insect Allergy |  | Food Allergy |  | Other Allergies |  | Asthma |  | Cardiac Difficulties |
|  | Diabetes |  | Congenital Anomalies |  | Emotional Problems |  | Urinary Difficulties |  | Hearing |
|  | Vision |  | Seizures |  | Abnormal Bleeding |  | Other: |  |

Please explain any item checked above (use the back of the page if you need more room):

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

Any medication and dosage list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s limitations teachers should know:

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

*I have examined the above-named child and found him/her to be in satisfactory health, free of communicable disease, and able to participate in daycare activities (except as noted above).*

Signature of Physician Date

**YOUR CHILD WILL NOT BE ABLE TO ENTER SCHOOL WITHOUT A COMPLETED HEALTH FORM AND CERTIFICATE OF IMMUNIZATION FORM**

STATE OF ALABAMA

COUNTY OF JACKSON

Before me, a notary public in and for said state and county, appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and is known to be, after being duly sworn or affirmed, says as follows:

The affiant is the parent or legal guardian of the minor child/children \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ; that affiant has been notified by Penny Green, a representative of First Baptist Church Learning Center that said church or school has filed notice and is exempt under law from regulation by the Department of Human Resources.

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

Parent/Legal Guardian

Sworn, or affirmed to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

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

Notary Public

**EMERGENCY AND ALLERGY INFORMATION AND PICK UP AUTHORIZATION FORM**

**EMERGENCY INFORMATION**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mom’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dad’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Pediatrician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACTS (OTHER THAN PARENTS)**

|  |  |  |
| --- | --- | --- |
| **NAME** | **RELATIONSHIP** | **PHONE NUMBER** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**ALLERGY INFORMATION**

Is this child allergic to ANYTHING (such as foods, medicine, insect stings/bites, etc.)?

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

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

Pick Up Authorization

The following people are allowed to pick up my child. Note: Children will ***NOT*** be allowed to leave with anyone other than those listed on below, ***including spouses.*** If the person picking up the child unknown to the teacher, picture identification must be presented before the person will be allowed to leave with the child. Where there are legal, custody or court-mandated restrictions for a parent not to see a child, you must provide FBLC with appropriate documentation, and the child will not be released to that parent. **An adult *must*** **escort children at all times. Children will not be allowed to enter or leave FBLC alone.**

|  |  |  |
| --- | --- | --- |
| **Name**  | **Relationship**  | **Phone Number**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |