

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 Address (Child lives with Both parents___ Mom___ Dad___ Guardian___)			
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.	Additional Phone No. to reach parent or guardian
Give the name, address, area code and phone number of responsible person to call in case of an emergency if parents / guardian cannot be reached. I also authorize the childcare operation to release my child to leave the childcare operation with this person.			Relationship
I hereby authorize the childcare operation to release my child to leave the childcare operation ONLY with the following persons. Please list name, area code and phone 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. "On campus" field trips would include walking to the gym and attending VBS.	
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 [Swimming activities including splashing/wading pools are NOT provided.]	
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		_____ Date Signed

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resouces/child-care-centers/>. 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 Signed

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.

TB test (If required) Positive _____ Negative _____ Date: _____

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 Signed:** _____

_____ 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 described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized. 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 child care program.

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

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/legal guardian Signature: _____ **Date Signed:** _____

Vision and Hearing Screening is required for Pre-kinder and Kindergarten students:

VISION	R 20/ _____	L20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE Signed _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE Signed _____	

I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Signature-Parent or Legal Guardian

Date Signed

Child's Special Care Needs (check all that apply)

- Environmental allergies
- Food intolerances
- Existing illness
- Previous serious illness
- Injuries and hospitalizations (past 12 months)
- Other:
- Limitations or restrictions on child's activities
- Reasonable accommodations or modifications
- Adaptive equipment (include instructions below)
- Symptoms or indications of complications
- Medications prescribed for continuous long-term use

Explain any needs selected above:

INFORMATION CONCERNING CHILDREN WITH FOOD ALLERGIES

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

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

If your child **does have any diagnosed 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:** _____

Food Allergy Emergency Plan Submitted Date: _____

CUSTODY ARRANGEMENTS

_____ **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 on \_\_\_\_\_.**  
**(Date)**

\_\_\_\_\_  
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    \_\_\_\_\_Facebook

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 \_\_\_\_\_

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Parents' Acknowledgement

I have received, read and agree to abide by the policies set forth in the **First Baptist School Parent Handbook including the policies for:**

- Discipline and guidance
- Suspension and expulsion
- Emergency plans
- Procedures for conducting health checks
- Safe sleep
- Procedures for parents to discuss concerns with the director
- Promotion of indoor & outdoor physical activity including criteria for extreme weather conditions
- Procedures for parents to participate in operation activities
- Procedures for release of children
- Illness and exclusion criteria
- Procedures for dispensing medications
- Immunization requirements for children
- Meals and food service practices
- Procedures to visit the center without securing prior approval
- Procedures for supporting inclusive services
- Procedures for parents to contact Child Care Regulation (Child Care Licensing CCL), DFPS, Child Abuse Hotline, and CCR (CCL) website

Date: _____ Parents' Signature: _____

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Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.  
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HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>  
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For Office Use Only: **Grade:** _____ **Teacher:** _____

Registration Date: _____ By _____

Reg. Amount Pd. _____

Schedule:
5 Half Day (8-12) ___
3 Half Days ___
2 Half Days ___

5 School Day (8-3) ___
3 School Days ___
2 School Days ___

5 Full Days (7-6) ___
3 Full Days ___
2 Full Days ___

Discounts:
____ Multiple Child
____ Church Member approval received
____ Staff
____ Military

Prorated:
Registration _____
Tuition _____

- File complete
- Allergy list
- Smart Tuition
- Info for Teacher

**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. If my child's behavior endangers himself/herself or others, I understand that he/she is subject to disenrollment.

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

Tuition is paid ONLY through Smart Tuition, a tuition management company. I understand that the monthly tuition is due in full on the 1st or 15th of each month depending on what day I designated on the Smart Tuition registration form. I also understand that a delinquent fee of **\$70.00** 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 20th 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 a late fee of \$2.00 per minute will be charged to all late pick ups regardless if they occur at 12:00, 3:00 or 6:00 p.m. based on the program for which my child is registered.

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. An exit interview will be scheduled with the director. 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 \$3.75 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 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 **Date**
(Two signatures required where applicable)

Director's Signature

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