



## FIRST BAPTIST LEARNING CENTER

Welcome to First Baptist Learning Center (FBLC)! We are thrilled to have you join (or welcome you back) our school community.

To officially enroll your child(ren) for the 2026-2027 school year, please complete the attached registration paperwork. We will need one completed packet for each child registered in our program. Please do not leave any sections blank.

### **ADMISSION PACKET & IMMUNIZATION RECORDS DUE JUNE 1, 2026.**

**\*\*\*EARLY SUBMISSION OF FULL OR PARTIAL PACKETS IS  
WELCOME AND ENCOURAGED.\*\*\***

Please email the following required items to [fblc@firstmckinney.com](mailto:fblc@firstmckinney.com)

- Completed 2025-2026 Admission Forms
- Up-to-date Immunization Records
- Hearing & Vision Screening (4 Year Olds & Kinder students only)

**Birthday Exception:** If your child has a birthday after June 1st, please complete the admission packet and submit it. Once your child has their well visit, please send a physician's statement of health and immunization records following the appointment.

### **PHOTOGRAPHS DUE JULY 1, 2026**

- Current “headshot” or passport-sized photo of your child (jpg, jpeg, png format)
- New families only: “headshot” or passport-sized photos of Mom, Dad, and anyone from the emergency contact who will routinely drop off or pick up your child from preschool (jpg, jpeg, png format)

Completed admission packets, including all required documents and photos, are mandatory for attendance at FBLC preschool. There are no exceptions to this rule.

If you have any questions or require assistance with the registration process, please do not hesitate to contact the school office at 469-452-6927 opt 1 or [fblc@firstmckinney.com](mailto:fblc@firstmckinney.com).



Office Use Only: Operation # 810773	Operation Name: First Baptist Learning Center	
Director's Name: Joanne Eaton	Child's Original Date of Admission	Date of Withdrawal
Child's Full Name	Gender	DOB (mm/dd/yy)
Child's Home Address		
Mother's Name	Phone # (where Mother can be reached while child is in care)	Cell Provider (Required for Procare)
Father's Name	Phone # (where Father can be reached while child is in care)	Cell Provider (Required for Procare)
Mother's Email Address	Father's Email Address	
Mother/Father's Address (If different from child)		
Mother's Occupation	Father's Occupation	
Are parents <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed If separated or divorced, who has custody of the child? _____ Custody Documents on File <input type="radio"/> Yes <input type="radio"/> No (if no, please provide a copy)		
Child Lives with? <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian		
<b>IN CASE OF AN EMERGENCY, WHEN THE PARENT CANNOT BE REACHED, CALL</b>		
Name of Emergency Contact	Relationship	Area Code and Phone #:
Address of Emergency Contact		
My child is normally in care on the following days between 9:05 AM to 2:05 PM <input type="radio"/> Monday <input type="radio"/> Tuesday <input type="radio"/> Wednesday <input type="radio"/> Thursday		

I authorize the child care operation to **release** my child to leave the child care operation **ONLY** with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.

Name	Relationship to Child	Area Code and Phone #:
1.		
2.		
3.		
4.		



## Family Information

Name of Child:	
How did you find out about FBLC?	
Previous preschool attendance: <input type="radio"/> Yes <input type="radio"/> No If yes, where?	
Are you a member of a local church? <input type="radio"/> Yes <input type="radio"/> No If yes, where?	
What is the primary language spoken at home?	
Names and birthdates of siblings	
Pets and their names	
Describe your child's personality	
Has your child been professionally tested or evaluated? <input type="radio"/> Yes <input type="radio"/> No Date evaluated _____ If Yes, by whom? What was the diagnosis?	
What are your child's favorite indoor activities	
What are your child's favorite outdoor activities	
What is your favorite activity to do with your child	
Does your child have a fear or habit that we need to be aware of	
Is your child potty-trained? <input type="radio"/> Yes <input type="radio"/> No	If your child isn't fully potty trained, does your child wear pull-ups? <input type="radio"/> Yes <input type="radio"/> No
<i>(Per our policies, a child must have started the toilet training process prior to joining our 3-year-old program, and be fully potty trained prior to joining the 4-year-old or Kindergarten programs.)</i>	
Please provide any other information you want us to know about your child.	



## Admission Consent

Name of Child:

**I give consent for my child to be photographed and/or video recorded for the following:**

(please check all that are allowed)

<input type="radio"/> During day-to-day activities, to be posted to the Parent Engagement App (Procare App)	<input type="radio"/> On the public FBLC and/or First McKinney Facebook pages and websites
<input type="radio"/> In the monthly Director's newsletter	<input type="radio"/> During Christmas and/or Graduation program, this includes photos of your child used on slideshows shown during the Christmas and/or Graduation program.*
<input type="radio"/> By an outsourced photographer for purchase through the photography service Photographs will be viewable through the photographer's website using a password-protected gallery.**	

*\*Without this permission, your child will not be allowed to participate in the program(s), and will be welcome to join the class following the program(s) for class parties.*

*\*\*Without this permission, your child will not have individual photographs taken in the fall and/or graduation photos (4-year and Kinder only students) in the spring.*

**Communication Consent:** My email address and/or cell phone may be used for a class directory and to receive monthly newsletters from the Director.

Yes  No

**Transportation:** I give consent for my child to be transported and supervised by the operations.

employees:  Yes  No

for emergency care  on field trips\*\*\*  to and from school\*\*\*  to and from home\*\*\*

*\*\*\*FBLC does not participate in field trips, nor will it transport children, unless in the case of an emergency. This is a state licensing question/requirement only.*

**Water Activities:** I give consent for my child to participate in the following water activities:

water table play  sprinkler play  splashing or wading pools  swimming pools  aquatic playgrounds

Is your child a competent swimmer?  Yes  No

If not, your child is required to wear a life jacket while in or near a swimming pool.

*A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.*

Does your child have any physical, health, behavioral, or other condition that would put them at risk while swimming?  Yes  No. *If yes, your child is required to wear a life jacket while in or near a swimming pool.*

Signature - Parent or Legal Guardian

Printed Name

Date Signed



## FBLC Policies

Name of Child:	
<input type="radio"/> Discipline and guidance	<input type="radio"/> Procedures for the release of children
<input type="radio"/> Suspension and expulsion	<input type="radio"/> Illness and exclusion criteria
<input type="radio"/> Emergency plans	<input type="radio"/> Procedures for dispensing medications
<input type="radio"/> Procedures for conducting health checks	<input type="radio"/> Parent Policies
<input type="radio"/> Safe Sleep	<input type="radio"/> Meals and food service practices
<input type="radio"/> Procedures for parents to discuss concerns with the director	<input type="radio"/> Procedures for visiting the center without securing prior approval
<input type="radio"/> Promotion of indoor and outdoor physical activity, including criteria for extreme weather conditions	<input type="radio"/> Procedures for supporting inclusive services
<input type="radio"/> Procedures for parents to participate in operational activities	<input type="radio"/> Procedures for parents to contact Child Care Regulation (CCR), DPFS, Child Abuse Hotline, and CCR website
<input type="radio"/> Gang Free Zone	<input type="radio"/> HHSC Privacy Statement <a href="https://www.hhs.texas.gov/policies-practices-privacy#security">https://www.hhs.texas.gov/policies-practices-privacy#security</a>
<input type="radio"/> Immunization requirements for children. For additional information regarding immunizations, visit the Texas Department of State Health Services website at <a href="http://www.dshs.state.tx.us/immunize/public.shtm">www.dshs.state.tx.us/immunize/public.shtm</a>	
I understand that the following meals will be served to my child while in care****.	
<input checked="" type="radio"/> None <input type="radio"/> Breakfast <input type="radio"/> Morning snack <input type="radio"/> Lunch <input type="radio"/> Afternoon snack <input type="radio"/> Supper <input type="radio"/> Evening snack	
****FBLC does not provide meals to children in its care. I understand that I am responsible for providing my child's meals and snacks from home daily. FBLC is not responsible for the nutritional value or for meeting my child's daily food needs. Information on nutritional resources can be found here: <a href="https://www.fns.usda.gov/cacfp/meals-and-snacks">https://www.fns.usda.gov/cacfp/meals-and-snacks</a>	

**By my signature below, I acknowledge receipt of and accept FBLC's operational policies, as listed above. I acknowledge that I have received a copy of my rights as a parent or guardian of a child enrolled at this facility. All documented policies can be found: (<https://www.firstmckinney.com/fblc-2025-2026>)**

Signature - Parent or Legal Guardian

Date Signed

Center Designee

Date Signed



## Medical Authorization

Please do not leave any section blank.

Name of Child		
Name of Physician	Address	Telephone Number
Emergency Care Facility	Address	Telephone Number
<b>MEDICAL TREATMENT AUTHORIZATION</b> In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to the physician/emergency care facility listed above:  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

## PHYSICIAN'S STATEMENT

<input type="radio"/> Health Care Professional's signature below
<input type="radio"/> A signed and dated copy of a Health Care Professional's Statement is attached.
<input type="radio"/> 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 included the original signed, dated, and notarized affidavit stating this.
<input type="radio"/> I will send a copy of the healthcare professional's statement following my child's next well visit.
Date of the well visit is scheduled for _____

**Physician's Signature:** I have examined the above-named child within the past year and find that he/she can take part in the preschool program. I have verified that the immunization information for the above-named child is accurate.

\_\_\_\_\_  
Signature - Healthcare Professional

\_\_\_\_\_  
Date Signed



## Immunizations & Health Screenings

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

### Immunizations/Requirements for Exclusion from Compliance

I have provided a copy of my child's current physician's immunization record with a doctor's stamp or signature.

I will send a copy of my child's records following his/her next well visit.

Date of the well visit is scheduled for \_\_\_\_\_

I have included the original signed, dated, and notarized affidavit stating that I decline immunizations for reasons of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code, submitted no later than the 90th day after the affidavit is notarized.

Varicella (chickenpox) 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 on or about date \_\_\_\_\_ and does not need varicella vaccine.

\_\_\_\_\_  
Signature - Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

### Hearing and Vision Screening: For 4-year-old and Kindergarten students only. This is a state of Texas requirement. (please mark one)

I have sent a copy of my child's hearing and vision screening results to [fblc@firstmckinney.com](mailto:fblc@firstmckinney.com)

I will use the speech services outsourced by FBLC and provided at the school. This is a separate charge that I will be responsible for. The approximate charges \$25/screening, subject to change.

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.

Hearing and Vision requirements are not applicable to my child because he/she is not older than 4 years old.

### Vision Exam Results

Right Eye 20/_____	Left Eye 20/_____	<input type="radio"/> Pass	<input type="radio"/> Fail
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### Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail



## Medically Diagnosed Allergies & Special Care Needs

Name of Child:	Class #
Does your child have diagnosed food allergies?	<input type="radio"/> Yes (If yes, complete next section) <input type="radio"/> No (If no, skip to Child's Special Care Needs)
What is the allergy?	

For a copy of a FARE, please go to <https://www.foodallergy.org>

Epi Pen Needed <input type="radio"/> Yes <input type="radio"/> No (The Rx label must be attached to a new/unopened pen)	Antihistamines Needed <input type="radio"/> Yes <input type="radio"/> No (A new/unused bottle is required)
Peanut-free room is needed <input type="radio"/> Yes <input type="radio"/> No	Tree nut-free room is needed <input type="radio"/> Yes <input type="radio"/> No

If you answer **YES** to medications required (above), please contact Tammy LaFratte at [fblc@firstmckinney.com](mailto:fblc@firstmckinney.com) to request Medication Authorization Form 7238.

### Child's Special Care Needs (Check any that apply)

<input type="radio"/> Environmental allergies	<input type="radio"/> Limitations or restrictions on the child's activities
<input type="radio"/> Food intolerances	<input type="radio"/> Reasonable accommodations or modifications
<input type="radio"/> Existing illness	<input type="radio"/> Adaptive equipment (include instructions below)
<input type="radio"/> Previous serious illness	<input type="radio"/> Symptoms or indications of complications
<input type="radio"/> Injuries or hospitalizations (past 12 months)	<input type="radio"/> Medications prescribed for continuous long-term use
<input type="radio"/> Other (please list) <hr/>	

Please explain any needs selected from above:

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/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) 514-0383 (TTY).

Signature - Parent or Legal Guardian

Date Signed