



First Baptist Church Friendswood
Children's Day
 111 E. Heritage, Friendswood, TX 77546
 281-482-7573 and Fax: 281-482-7148
 Director: Jennifer Christen
Admission Information Fall 2020 – Spring 2021

Office Use Only

Date: _____ Acct Clear: _____

Fees Paid: _____ Ck # _____ \$ OnL

Paperwork: Immu DN D/G

V/H AP Other: _____

Child's Full Name Last: _____ First: _____ Nickname: _____ Gender: M/F
Date of Birth: _____ **Child Lives With: (circle) Both Parents / Mom / Dad / Guardian**
Child's Home Address: _____ **City, State, Zip** _____
Child's Primary Phone Number: _____ **Date of Admission:** _____

| | |
|---|---|
| Mother's Full Name: _____ Mother's Primary Phone Number: _____ Mother's Texting Phone Number: _____ Mother's Work Phone Number: _____ Mother's Email: _____ Mother's Address: _____ Mother's City, State, Zip: _____ | Father's Full Name: _____ Father's Primary Phone Number: _____ Father's Texting Phone Number: _____ Father's Work Phone Number: _____ Father's Email: _____ Father's Address: _____ Father's City, State, Zip: _____ |
|---|---|

Is there a custody order on file with the State of Texas? (circle) YES NO PENDING
 *If YES, a current copy of your court order must be attached.

Attendance: My child will be in attendance.
 _____ Tuesday/Thursday (9:30am – 1:30pm) _____ Tuesday/Wednesday/Thursday (9:30am – 1:30pm)

Emergency: Give the name, address, and phone of the responsible individual **to call** in case of an emergency if parents/guardians cannot be reached:
 Name: _____ Relationship to Child: _____
 Address: _____ City, State, Zip _____ Phone _____

Emergency Contact and Authorization to pick up: Please list local individuals to contact in the event of an emergency, names must match the ID shown. Rel= Relationship to child (Grandparent, caregiver, neighbor)

| | | |
|-------------------|------------|--------------|
| Legal Name: _____ | Rel: _____ | Phone: _____ |
| Legal Name: _____ | Rel: _____ | Phone: _____ |
| Legal Name: _____ | Rel: _____ | Phone: _____ |
| Legal Name: _____ | Rel: _____ | Phone: _____ |
| Legal Name: _____ | Rel: _____ | Phone: _____ |

I authorize child care operation to release my child to leave the child care operation **ONLY** with the above persons. Please list name and telephone numbers for each. Children will only be released to a parent or guardian or person designated by the parent/guardian after verification of ID. **Parent Initials** _____

Print Name of Parent/Legal Guardian Completing Form

Parent/Guardian Signature

Date

Child's Name: _____

Class: _____

Permissions (please circle)

- I hereby give / do not give consent for my child to be transported and supervised by the operations' employees for **Emergency Care**.
- I hereby give / do not give consent for my child to participate in water activities (please circle all that apply) **Sprinkler Play** **Splashing/Waking Pools** **Water Table Play**

Parent Initial: _____

Authorization for Medical Attention

In the event I cannot be reached to make arrangement for emergency medical care, I authorize the person in charge to take

Child's Name: _____ Date of Birth: _____ TO _____

Name of Physician: _____

Emergency Care Facility:(a hospital must be listed)

Address: _____

Address: _____

Phone: _____

Phone: _____

I give consent for First Baptist Church Friendswood Children's Day to secure any and all necessary emergency medical care for my child.

Signature of Parent _____ Date _____

Medical Information

List any special problems that your child may have such as allergies, existing ongoing illness, previous serious illness, injuries, seizures, head injuries, and hospitalizations during the past 12 months, and medications prescribed for long term continuous use, and any other information which caregiver's should be aware of, please write it in the space below:

If not applicable, initial here _____

Does your child use an EpiPen for Allergic Reactions? Yes _____ No _____

Allergy Action Plan Submitted on: _____

Signature of Parent _____ Date _____

Child's Name: _____

Class: _____

I understand that a morning snack will be served and provided by Children's Day. A list of snacks is posted and can be obtained from the teacher or office at any time. Lunch should be brought from home.

Parent Initial: _____

Photo Release

Photographs will be taken from time to time at school for school use. I hereby give / do not give my consent for the school to take pictures of my child.

Parent Initial: _____

Social Media Release

Pictures and videos of your child may be taken and posted on the Children's Day closed group Facebook page for parents to see school activities. I hereby give / do not give my consent to post my child on this Social Media platform.

Parent Initial: _____

Parent Handbook

I acknowledge receipt of the facility's operational policies and procedures (parent handbook) including those for discipline and guidance which includes the following: discipline and guidance, suspension and expulsion, emergency plans, procedures for conducting health checks, safe sleep, procedures for parents to discuss concerns with the director, 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, and procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website.

Parent Signature _____ Date _____

Gang Free Zone: Under to 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.

Privacy Statement: DFPS values your privacy. For more information read our Privacy and Security Policy online at <https://hhs.texas.gov/policies-practices-privacy#security>

Parent or Legal Guardian Signature

Date

Center Director Signature

Date