

## **DISCOVERY DAYS ENROLLMENT FORM**

## First Baptist Church Allen Preschool Ministry 2015-2016



## **Personal Information:**

Child's Name:				
		(First)	( Middle )	(Preferred Name)
Home Address:	(Street)		(City, State)	( Zip )
Home Telephone:			Date of Birth:	
Mother's Name: _			Cell Phone:	
Mother's E-mail: _			Work Phone:	
Father's Name: _			Cell Phone:	
Father's E-mail:		Work Phone:		
Names & Ages of	Siblings:			
What brought you				
	_	<del>-</del>	/ Friend / Other	
		•		bers of any person to whom
vour child may be rele	ased and perso	ons to contact wh	names and telephone num len you cannot be reached:	ibers of any person to whom
				cense #:
Address:				
1	(Street)		(City, State)	(Zip)
Name:		Phone:	Drivers Lic	ense #:
Address:				
	(Street)		(City, State)	(Zip)
Authorization f	or Emora	opov Modic	al Attantion	
			thorize the person in charg	event I cannot be reached to e to take my child to:
Name of Physician:	· ·····g-···-g	Address:		one:
Name of Emergency				
Medical Care Facility	<b>/</b> :	Address:	Ph	one:
I give consent for the f	acility to secure	any and all nece	essary emergency medical c	are for my child:
Parent's Signature	:		Date:	
List any health problen	ns that your ch	ild may have, suc	h as allergies, existing illnes	ss, previous illness, injuries
				g-term continuous care, and
any other information v	wnicn caregivei	's snould be awar	e of:	
CHECK ALL THAT A	DDI V.			
		do not giv	(a) my consent for my child	to participate in water activities
		•	th 3" of water Wate	
			my consent for my child to r	•
_	-	_		
Operational Policies: juidance.	ı acknowl	eage receipt of th	e racility's operation policies	s including those for discipline a
acknowledge that a		-		
Parent's Signature:			Date:	

## Personal History: Is your child . . . Excitable? Restless? Domineering? Happy? What words does your child use for toileting? Please list any issues regarding your child's health and/or behavior which you feel we should be aware of: 2015-2016 Discovery Days Fees AGE DAYS REGISTRATION TUITION/MONTH FEE (Sept—May)

AGE	DAYS	REGISTRATION FEE	TUITION/MONTH (Sept-May)
18 Month-Old	Thurs	\$145	\$150
2 Year-Olds	(select either) M/W or T/Th	\$185	\$190
3 Year-Olds	(select either) M/W or T/Th	\$185	\$190
4 Year-Olds	(select either) M/W or T/Th	\$195	\$195
4 Year-Olds	T/W/Th	\$235	\$260
Kindergarten	M/T/W/Th	\$315	\$320

By signing this document, I agree and understand that the REGISTRATION FEE is <u>NOT REFUNDABLE</u> at any time or for any reason. I am also acknowledging that all the information provided is accurate.

Parent's Signature:	. Date:
Staff Signature:	. Date:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. 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 or (800) 514-0383.

OFFICE USE ONLY:					
Gender: Boy Girl	Enrollment Date:				
Age (as of 9/1/2015):	Reg. Fee: Cash: Check #: Date of Withdrawal:				
Immunization Doctor Statement	Hearing/Vision (4's & Kindergarten) Photo Waiver				