



DISCOVERY DAYS ENROLLMENT FORM

FBC Allen Preschool Ministry

2019-2020



Personal Information:

Child's Name: _____
(Last) (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: _____, _____, _____

Church Attending: _____

What brought you to Discovery Days at FBC Allen? (circle one)
 Church Member / Church Website / Magazine / Friend / Other _____

Emergency Information: Please list names and telephone numbers of any person to whom your child may be released and persons to contact when you cannot be reached:

Name: _____ Phone: _____ Drivers License #: _____

Address: _____
(Street) (City, State) (Zip)

Name: _____ Phone: _____ Drivers License #: _____

Address: _____
(Street) (City, State) (Zip)

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: _____ Phone: _____

Name of Emergency Medical Care Facility: _____ Address: _____ Phone: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child:

Parent's Signature: _____ Date: _____

List any health problems that your child may have, such as allergies, existing illness, previous illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous care, and any other information which caregivers should be aware of: _____

CHECK ALL THAT APPLY:

Water Activities: I hereby (give / do not give) my consent for my child to participate in water activities.
 Splashing/Wading in pools with 3" of water Water Table Play

Daily Snacks: I hereby (give / do not give) my consent for my child to receive a daily snack.

Operational Policies: I acknowledge receipt of the facility's operation policies including those for discipline and guidance.

I acknowledge that all the information provided is accurate.

Parent's Signature: _____ Date: _____

Personal History:

Is your child . . .

- Excitable? _____
- Restless? _____
- Shy? _____
- 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: _____

2019-2020 Discovery Days Fees

AGE	DAYS	REGISTRATION FEE	TUITION/MONTH (Sept—May)
18 Month-Old	Thurs	\$165	\$165
2 Year-Olds	(select either) M/W or T/Th	\$210	\$210
3 Year-Olds	(select either) M/W or T/Th	\$210	\$210
4 Year-Olds	(select either) M/W or T/Th	\$225	\$225
4 Year-Olds	T/W/Th	\$280	\$280
Kindergarten	M/T/W/Th	\$360	\$360

By signing this document, I agree and understand that the REGISTRATION FEE is NOT REFUNDABLE 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 9/1/2019): _____ Reg. Fee: _____ Cash: ____ Check #: _____
 Immunization ____ Doctor Statement ____ Date of Withdrawal: _____
 Hearing/Vision (4's & Kindergarten) ____ Photo Waiver ____