

# First Kids ENROLLMENT INFORMATION

A \$50 registration fee is due with this form.

Date of Admission \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Number \_\_\_\_\_

Child's Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

E-Mail Address(s) (Please Print Clearly) \_\_\_\_\_

Days Child Will Be In Care: (Circle) T / TH \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Cell Number \_\_\_\_\_

Mother's Work Place \_\_\_\_\_ Mother's Work Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Cell Number \_\_\_\_\_

Father's Work Place \_\_\_\_\_ Father's Work Number \_\_\_\_\_

Give name of person to be called in case of an emergency if parent / guardian cannot be reached.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

I hereby authorize FUMC Sealy to allow my child to leave the preschool facility ONLY with the following persons. If I cannot contact you or the emergency person, then I will contact an authorized person.

**Authorized Person** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Authorized Person** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Authorized Person** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

**Authorized Person** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_

\*\*\*\*IMPORTANT!! \*\*\*\* Please list or indicate NKA or type of allergies or illnesses.

**List any special problems that your child may have, such as allergies, existing illness, previous illness, injuries the past 12 months, and medications prescribed for a long-term continuous use, and any other information that staff should be aware of such as special needs.** \_\_\_\_\_

**Water Activities:** (Wading Pools or other bodies of water provided by the facility) I hereby ( ) give ( ) do not give consent for my child to participate in water activities: Parent Comment \_\_\_\_\_

My child's immunization record is on file at the preschool and all immunizations are current. ( ) Yes ( ) No

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_