

First Kids ENROLLMENT INFORMATION

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

Date of Admission _____ Registration Fee: _____

Child's Name _____ Birthday _____ MAIN Number _____

Child's Address _____ City _____ Zip Code _____

E-Mail Address(s) (Please Print Clearly) _____

Days of Child Care: (Circle ONE) T/TH until 12 pm OR T/TH until 2 pm 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 _____