

# First Friends Preschool

## ENROLLMENT AGREEMENT

Hours attending:  9:00 - 12:00  9:00 - 2:30  9:00 - 5:30  
 7:30 - 12:00  7:30 - 2:30  7:30 - 5:30

Days of the week attending:  T T  M W F  M T W T F

CHILD'S FULL NAME \_\_\_\_\_ DOB \_\_\_\_\_

Preferred Name \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Parents Marital Status: Married Separated Divorced Widowed Other

If Parents are separated, who has custody of child? \_\_\_\_\_

Who does child live with? \_\_\_\_\_

Children will be released only to the parents (listed above) or other adults (listed below) authorized by the parent to pick up the child. The following adults are authorized to pick up my child:

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to child \_\_\_\_\_

# First Friends Preschool

In addition to FIRST FRIENDS Preschool staff, the following people are authorized to give consent for any necessary emergency medical care for my child *in the event I cannot be reached*.

**Contact 1**, Name: \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Contact 2**, Name: \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In the event I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Child's Physician \_\_\_\_\_

Office Address \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_

Office Address \_\_\_\_\_ Office Phone \_\_\_\_\_

Sibling's (names and ages) \_\_\_\_\_

Who may we thank for referring you to First Friends? \_\_\_\_\_

Staff members must be made aware of any special needs or problems of children. Please fill in the following information as it relates to your child.

Allergies: \_\_\_\_\_

Does your child use an Epi Pen? \_\_\_\_\_

Existing Illness or injury: \_\_\_\_\_

Hospitalizations or surgeries: \_\_\_\_\_

Medications prescribed for long-term, continuous use: \_\_\_\_\_

Other special needs: \_\_\_\_\_

Other health concerns: \_\_\_\_\_

My child has an IEP Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes please explain \_\_\_\_\_

\_\_\_\_\_

# First Friends Preschool

Please list any other information you feel we need to know about your child:

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First Baptist Church member: YES\_\_\_\_\_ NO\_\_\_\_\_

My child has permission to participate in Water activities sponsored by First Friends Preschool.  
YES\_\_\_\_\_ NO\_\_\_\_\_

First Friends Preschool staff has permission to transport my child in case of emergency.  
YES\_\_\_\_\_ NO\_\_\_\_\_

My child's picture may be used in television, newspapers, web sites, brochures, and other forms of public relations for the school. YES\_\_\_\_\_ NO\_\_\_\_\_

My child's picture may be used by the classroom teacher to compile slide shows, scrapbooks or other daily classroom activities. YES\_\_\_\_\_ NO\_\_\_\_\_

Please note: Your student's enrollment is **not** complete and a spot will not be reserved until the following items have been received:

- **Completed application, *including* emergency contact information, transportation plan, medical authorization, permission slip, and allergy information**
- **Preschool deposit and supply fee**
- **Completed, up-to-date immunization record**

First Friends Preschool will not be held responsible for anything that may happen as a result of false or undisclosed information given at the time of enrollment. Enrollment may be terminated if such information is revealed after acceptance into the program. Signing below indicates the above application is complete and true to the best of your knowledge. I have filled out this enrollment agreement completely. By signing below, I approve all permissions, authorizations, etc., granted in the agreement. I have read and accept all policies of First Friends Preschool.

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Signature of Parent/Guardian

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Date

# First Friends Preschool

## MEDICAL AUTHORIZATION

I hereby grant permission for the Director or Acting Director to administer first aid and to take whatever steps may be necessary to obtain emergency medical care. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian or the persons listed on the emergency information form.
2. If we cannot contact you or your emergency contact person, we will do one or both of the following: (a) Call 911 or (b) have the child taken to an emergency hospital in the company of a staff member.
3. Any expenses incurred under 2, above, will be borne by the child's family.
4. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

## **MEDICAL AUTHORIZATION FOR** \_\_\_\_\_

**(Name of child)**

The undersigned, who are the parents or guardians having legal custody of the above-named minor, hereby authorize the above-named school, into whose care the above-named minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment; and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act, or to consent to an X-ray examination, anesthetic, dental, or surgical diagnosis or treatment, and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

The undersigned further authorize the above-named school to have the above-named minor released into the custody of its representative, should hospital care no longer be required.

This form is to be used ONLY in an extreme EMERGENCY, when said parents or guardians cannot be or are unavailable to be contracted.

Date \_\_\_\_\_

\_\_\_\_\_  
**(Parent or Legal Guardian Please Print)**

\_\_\_\_\_  
**(Parent or Legal Guardian Signature)**

# First Friends Preschool

## PERMISSION SLIP

I hereby grant permission for my child to use the play equipment and participate in all the activities of the school. I grant permission for my child to leave the school premises under the supervision of staff members for neighborhood walks or for planned walking field trips. I understand that all field trips will be within a short walking distance and that I will be notified several days in advance for any off-campus excursion.

Permission for: \_\_\_\_\_  
(Child's name)

*I give permission to participate in field trips with-in walking distance of the school. (This is for 2–5-year-olds only.)*

Signed: \_\_\_\_\_  
(Parent's Name- Please Print) (Parent's Signature)

Date: \_\_\_\_\_  
(Month) (Day) (Year)

## **ALLERGY INFORMATION – Allergy Action Plan must be on file.**

Child's Name: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Allergy Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's name: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_