Enrollment Form

Please complete entire form, do not leave blanks. PRINT CLEARLY

203 N. West
Pampa, Texas 79065
806-669-3529

Childs Full Name _____ Date of Birth _____ Male ____ Female ____

Childs Home Address _____ City, State, Zip _____

Childs Home Phone Number _____ Date of Admission _____

Has child been in childcare before? Yes No

Was it a satisfactory experience? Yes No If no, please explain_____

Father/Legal Guardian's Full Name _____ Mother/Legal Guardian's Full Name _____

Father Cell Phone Number _____ Mother Cell Phone Number _____

Father Work Phone Number _____ Mother Work Phone Number _____

Father Address _____ Mother Address _____

Father City, State, Zip _____ Mother City, State, Zip _____

Father Email Address _____ Mother Email Address _____

Place of Employment _____ Place of Employment _____

Is there a custody order on file with The State of Texas? (circle one) YES NO PENDING

*If circled YES, a current copy of your court order MUST be attached

PERSONS AUTHORIZED TO PICK UP

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

EMERGENCY CONTACTS

MUST HAVE ADDRESS LISTED ONLY ONE EMERGENCY CONTACT IS REQUIRED AND MUST BE DIFFERENT THAN PARENT

Name _____ Relationship _____ Phone _____

Address _____ City _____ State_____ Zip_____

Name _____ Relationship _____ Phone _____

Address _____ City _____ State_____ Zip_____

I understand that I am responsible for providing lunch and a snack for my child. FBC CDC does not provide any of the daily meals.

Parent Signature _____ Date _____

I give consent for my child to participate in the following water activities
(Check all that apply). ___ water table play ___ sprinkler play ___ plashing or wading pools ___ swimming pools ___ aquatic play-grounds/Splash Pads
Is your child able to swim without assistance: ☐Yes ☐ No (If no, your child ir required to wear a life jacket in or near a swimming pool.)

Do you want your child to wear a life jacket while in or near a swimming pool? ___ Yes ___ No

Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming? ___ Yes ___ No

*A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for on minute, and swim 25 yards with no assistance.

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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 to:

Name of Physician _____ Emergency Medical Facility: Pampa Regional Medical Center

Address_____ Address 1 Medical Plaza

Phone _____ Phone 806-669-3529

Name of Medical Insurance Company_____

Policy #_____ Phone Number_____

Primary Person Insurance Coverage_____ Employer Company_____

In the event of an accident or illness concerning the above name child, First Baptist Church will use its best effort to contact the parent immediately. In the event the parent is not immediately available, the Church is authorized to secure such medical attention and care for the child under the circumstances. The parents or guardian shall assume full responsibility for all medical bills, doctor bills, and hospital bills. It is being understood and agreed that pursuant to the Consent, Waiver, and Release Agreement on the reverse side hereof, First Baptist Church, its agents, servants, and employees shall not be responsible or liable for any injuries, sickness or other medical problems of the above named child. THE CHURCH DOES NOT CARRY ANY INSURANCE TO COVER ILLNESS OR INJURY OF ANY CHILD. IT IS THE PARENT'S RESPONSIBILTY TO FURNISH SUCH INSURANCE AS THE PARENT MAY DESIRE.

Initial here_____

Permissions **(circle one)**

I hereby **give / do not give** consent for my child to be transported and supervised by the operations employees for

(**please check all that apply**) ☐Emergency Care ☐Field Trips ☐To and From School.

I hereby **give / do not give** consent for my child to participate in field trips. Initial here_____

Photo/Video Release

From time to time our facility may take photographs and or video for educational or marketing use. I give consent for the facility to take photographs of my child.

Parent Signature _____ Date _____

Outside Employment

I understand that the staff at this facility are prohibited in participating in outside employment with parents without authorization.

Parent Signature _____ Date _____

Social Networking

I understand that the staff at this facility are prohibited in participating in social networking activities with parents and children enrolled at the facility. (Such as Facebook, Twitter, Snapchat, TikTok, or any and all social media sites.)

Parent Signature _____ Date _____

FIRST PAMPA
Child Development Center

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CONSENT, WAIVER, AND RELEASE AGREEMENT

(MINORS)

STATE OF TEXAS ()

KNOW ALL MEN BY THESE PRESENTS: THAT

COUNTY OF Gray ()

We, the undersigned, the parents or guardians of _____.

_____, a Minor, who is sometimes herein referred to as the "MINOR" , for and in consideration of said Minor's being allowed to participate in the activities of First Baptist Church, Pampa, Texas , being sometimes herein referred to as the "CHURCH" including, but not limited to, the Child Development Center, and excursion or fields trips sponsored by the Church of any of its related activities whether above listed or not, do hereby agree that the a forenamed Minor may engage in the activities sponsored by the Church and any related undertakings whether or not specifically enumerated herein, and that in any suits and/or actions which may hereafter be instituted by the undersigned for damages resulting from illness or injuries or whatsoever nature sustained by said Minor while participating in the activities of the Church or related undertaking, this Agreement shall constitute a bar to any recovery by the Church as a bar to such recovery by the undersigned and taken advantage by the Church as a bar to any recovery by said Minor in any suit instituted on account of any injury or illness so sustained.

For the same consideration above recited, the undersigned do hereby release and discharge First Baptist Church, Pampa, its representatives, agents, servants and employees of and from all liabilities, complaints or demands for damages on account of any injuries, or illness sustained to or by Minor above named, or which in the future may be sustained by said Minor, by whatever cause or reason; and the undersigned do hereby agree to hold harmless and indemnify the said First Baptist Church, Pampa, its agents, servants, representatives, and/or employees against any loss, damages or costs of whatsoever nature which it or its agents, servants, representatives or employees may suffer as a result of any action, claim or demand by the Minor above named or by any other person on his or her behalf or for this or her benefit.

This agreement shall insure to the benefit of and be binding upon the respective heirs, successors, and assigns of the parties hereto.

The undersigned expressly represent and guarantee that they are the parents and/or legal guardians of the above named Minor, and that said Minor was born on _____ day of _____, 20___.

Executed this _____day of _____, 20_____.

_____

(PARENT OR GUARDIAN)

_____

(PARENT OR GUARDIAN)

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PHYSICIANS'S STATEMEMT

HEALTH STATEMENT:

This must be presented **prior** to admittance.

Name of Child _____ Date of Birth _____

I have examined the above child within the past year and find that he/she is able to take part in the preschool program.

Health Care Professional Name _____

Address _____ City _____ State _____ Zip _____

Physician's Signature_____Date_____Faxing a copy_____

By checking this box, I testify that my child is healthy and has seen a medical professional in the past 6 months. We understand that ☐ we will have to have a health statement on file within the current year after a child sees a medical professional. _____

Parent Initials

IMMUNIZATIONS

Parent must provide a copy of the child's **ORIGINAL** immunization record and supply a copy of any updated shots.

We can make a copy for you in our office.

Parent Signature _____ Date _____

Varicella (chickenpox) vaccine is not required if your child **has had chickenpox disease**. If you child has had chickenpox, please complete the statement: My child had varicella (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Parent Signature _____ Date _____

School Age Children: My child attends the following school:

Name of School _____Address, City, Zip _____

My child's immunization records, vision, and hearing screenings are on file at the school and are current.

Parent Signature _____ Date _____

Complete ONLY if Applicable

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

Parent Signature_____Date_____

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Health and Physical Development

What contagious diseases has your child had?

_____

Allergies: _____

Food:_____

Appetite: (circle one) Good Fair Poor

Does child like milk: (circle one) Yes No

Sleep: (circle one) Soundly, Lightly, Night Fears

Needs something to comfort while sleeping, Ex (blanket, pacifier, etc)_____

Condition of child's health as far as you know_____

Does child take naps? (circle one) Yes No

Toilet Habits: (circle one) Not Potty Trained Potty Trained Training

Child expresses anger by: (circle one) Tantrums Withdrawal Cry Whining Defiance

When away from home child tends to be (circle one) Aggressive Shy Average

Child generally plays with (circle all that apply) older children, younger children, his own age, various ages, no other children.

Child shows interest in (circle all that apply) books, music, make believe, coloring, painting, conversation, nature, people.

Language Development:

Child talks in(circle all that apply) words, phrases, sentences

Child has speech difficulties (circle one) Yes No

What is your desire for your child's school experience for him/her? _____

_____

Any other remarks to help us make your child's experience at FBC Child Development Center a positive one?

_____

_____

_____

Inclement Weather Policy

In case of inclement weather, the policy is as follows

FBC CDC will close when the PISD closes. If public schools start late, FBC CDC will open 30 minutes prior to the school system.

Watch local TV Stations for current information

Parent Signature _____ Date _____

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TUITION AGREEMENT

Child's Name _____

Date of Birth _____

Mother's Name _____

Father's Name _____

Payment Options are as follows. Monthly, Semi– Weekly, and Weekly. Tuition is payable according to the tuition schedule whether or not my child attends. If tuition and/or late fees (10% of the monthly amount) become delinquent, then I understand that my child cannot return to care the following Monday until paid. (Parent initials) _____

Monthly Tuition Amount $_____ Parent initial_____

Weekly Tuition Amount $_____ Parent initial_____

One Time Registration Fee $_____ Parent Initials_____

In the event of a NSF check or ACH return, a $35 NSF check penalty will be added to my account. Additional late payment fees may also be added upon receipt of a returned payment. If FBC CDC receives 3 or more NSF checks or ACH returns in a one-year period of time, your enrollment may be terminated. (Parent initials) _____

Our program is open Monday through Friday from 7:00 am to 5:45 pm. FBC CDC is only licensed by the Texas Department of Family and Protective Services to care for children during these specified times. If I am late picking up my child, a $1 per minute will be added to your account. Regular attendance is imperative to your child's education. If your child will be absent, you agree to notify FBC CDC by 9:00 am each day.

(Parent initials) _____

During summer months and holiday times, an activity fee may be charged. Activity fees are for additional activities outside our normal planned curriculum. Parents will be notified 10 days in advance of activity fee options. (Parent initials) _____

FBC CDC chooses not to get involved in custody disputes. In the event a court order is on file, FBC CDC will not acknowledge which party is responsible for payment of tuition fees. These arrangements must be coordinated between the two parents. Late fees and withdrawal guidelines will still apply regardless of which parent is responsible for tuition fees.

(Parent initials) _____

In the event I choose to end my relationship with FBC CDC and withdraw my child or change my child's schedule, a 2-week notice will be given in writing. Failure to do so will result in no refunds nor credits. (Parent initial) _____

School Age Children: FBC CDC has strict policies on after school pick up. The safety of your child and the other children being picked up is top priority. Because of this, you agree to notify FBC CDC by 2:00pm each day if your child will not be picked up at their elementary school. On non-school days, when school age children will require a full day of care, an additional $10, fee per child, per day, will be charged.

(Parent initials) _____

Tuition is due whether my child attends or not. Parents must notify FBC CDC of the absence in writing.

(Parent initials) _____

If at any point my account becomes delinquent, I understand that any credits or discounts may be removed from my account.

(i.e... multiple child discounts etc.) (Parent initials) _____

Parent Signature _____ Date _____

Director Signature _____ Date _____

Both signatures required for document to be complete

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Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

Directions: Parents will review these rights upon enrolling their child.

Rights of Parent or Guardian

A parent or guardian of a child at a child care facility has the right to:

(1) enter and examine the child care facility during the facility's hours of operation without advanced notice;

(2) review the child care facility's publicly accessible records;

(3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;

(4) obtain a copy of the child care facility's policies and procedures;

(5) review, at the request of the parent or guardian, the facility's:

(A) staff training records; and

(B) any in-house staff training curriculum used by the facility;

(6) review the child care facility's written records concerning the parent's or guardian's child;

(7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:

(A) video recordings of the alleged incident are available;

(B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and

(C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;

(8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;

(9) be provided the contact information for the child care facility's local Child Care Regulation office;

(10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and

(11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

_____ _____

Signed By: Parent or Guardian Date

Resources

Facility Information and Online Compliance History:**Parent's Rights**

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OFFICE USE ONLY

All forms completed _____

Immunizations Records _____ Health Statement _____Child Assessment_____ Medical Release_____ Discipline Agreement _____

Paid First Week Tuition _____ Registration _____ Supply Fee _____ Parent Handbook _____ Birth Certificate _____

Date Child Admitted: _____ Date Child Withdrawals:_____ CCS_____ Private Pay_____ Start Date_____

Additional Family Information & Communications:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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_____

_____