

FOR OFFICE USE ONLY

Check #: _____ Amount \$ _____ Date of Admission: _____ Date of Withdrawal: _____
 Epi Pen _____ Image Release _____

2023-2024 ADMISSION INFORMATION

Child is registered when this form and registration & supply fee have been received.

Registration fee is Non-Refundable. Please Zelle us the payment at children@friscocbc.org and note child's name in memo field.

- Annual Registration Fee (non-refundable) is \$525, include supply fee
- Early Morning Drop for all 5 days programs (Mondays to Fridays 7:45am-9:30am) is \$200/month
- 18months-23months (as of 9/1/2023), \$525/month (Mondays to Fridays 9:30am -2:15pm), with \$525 Annual Registration Fee including Supply Fee
- 2 years (as of 9/1/2023), \$525/month (Mondays to Fridays 9:30am -2:15pm), with \$525 Annual Registration Fee including Supply Fee
- 3 years (as of 9/1/2023), \$525/month (Mondays to Fridays 9:30am -2:15pm), with \$525 Annual Registration Fee including Supply Fee
- 4 years (as of 9/1/2023), \$525/month (Mondays to Fridays 9:30am -2:15pm), with \$525 Annual Registration Fee including Supply Fee
- Extension Hours for all 5 days programs (Mondays to Fridays 2:15pm-5:30pm) is \$300/month

Frisco Community Bible Church Preschool		
Child's English Name	Chinese Name	Date of Birth
Child's Home Address		
Mother's Name	Mother's Email	Christian: Yes or No Church:
Father's Name	Father's Email	Christian: Yes or No Church:
List telephone numbers below where parents/guardian may be reached while child will be in care:		
Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.
Emergency Contacts: I hereby authorize the PLC at FCBC to contact the following person/s in case of emergency, if parent/guardian cannot be reached:		
1. Name	Address:	Relationship to Child Telephone No.
2. Name	Address:	Relationship to Child Telephone No.
Pick up Authorization (other than a parent): I hereby authorize the PLC at FCBC to allow my child to leave the facility ONLY with the following person/s after verification of picture ID.		
1. Name/Relationship:	Telephone No.:	Driver's License No.:
2. Name/Relationship:	Telephone No.:	Driver's License No.:

Does your child have any allergies? Yes No

If yes, what is your child allergic to?

Does your child have an epi pen? Yes No

If your child has an allergy plan, please attach.

List any other special problems that your child may have, such as existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, or any other information which caregivers should be aware of.

I acknowledge that all of the information provided on this form is true and correct to the best of my knowledge.

Parent or Legal Guardian Signature and Date _____

IMMUNIZATION RECORD:

I have provided the Preschool Learning Center at FCBC with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: Please present one of the following when your child is admitted to the childcare within one week of admission.

Please check only one option:

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's Signature

Date

2. A signed and dated copy of a health care professional's statement is attached.

3. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 10 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

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 contact the physician and/or secure hospitalization or medical services deemed necessary and appropriate.

Name of Physician:

Address:

Ph.#:

Name of Emergency Medical Care Facility:

Address:

Ph.#:

Medical Insurance Carrier:

Policy Number:

Ph.#:

I give consent for the facility to secure any and all necessary emergency medical care for my child. I am responsible for all of the medical expenses incurred.

Signature - Parent or Legal Guardian

Please Sign and Return

Receipt of written Preschool School Policy Handbook

I acknowledge receipt of the school's policies, including those for:

<input type="checkbox"/> Mission Statement	<input type="checkbox"/> Program Information
<input type="checkbox"/> Our Curriculum	<input type="checkbox"/> Registration/ Admissions
<input type="checkbox"/> Calendar	<input type="checkbox"/> Tuition/Fees/Withdrawal
<input type="checkbox"/> Arrival/Departure	<input type="checkbox"/> Health And Medical Information
<input type="checkbox"/> Toilet Training	<input type="checkbox"/> Abuse
<input type="checkbox"/> Behavior Management	<input type="checkbox"/> Biting Policy
<input type="checkbox"/> Personal Belongings	<input type="checkbox"/> Outdoor Classroom/Playground
<input type="checkbox"/> Photography/ Video Consent	<input type="checkbox"/> Parent Concerns

Parent or Legal Guardian Signature and Date _____

Please Sign and Return