

FOR OFFICE USE ONLY			
Check #:	Amount \$	Date of Admission:	Date of Withdrawal:
Epi Pen	Image Release		

2019-2020 ADMISSION INFORMATION

*Child is registered when this form and registration & supply fee have been received.
 Registration & supply fee: \$100 Refundable only before June 1, 2019
 Please make check payable to **FCBC-PLC** and note child's name in memo field.*

Preschool Learning Center At Frisco Community Bible Church		
Child's English Name	Chinese Name	Date of Birth
Child's Home Address		
Mother's Name	Mother's Email	Occupation (optional)
Father's Name	Father's Email	Occupation (optional)
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	Telephone No.	Relationship to Child
2. Name	Telephone No.	Relationship to Child
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.

 Signature – Parent or Legal Guardian 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