



First Friends Enrollment Form

Courtney Haneline, Director

~DUE: ~February 18th 2025

Child's Name _____

Sex _____ Date of Birth _____ Age as of Sept 1, 2025 _____

Home Address _____ City _____ State _____ Zip _____

Email for school use _____ Hm Phone _____

Mother's Name _____ Cell number _____

Father's Name _____ Cell number _____

Father's Work Phone _____ Mother's Work Phone _____

What church does your family attend? _____

Has your child been professionally evaluated for any services? If so, what? _____

EMERGENCY CONTACT PERSON (AUTHORIZED TO PICK UP CHILD): In the event that either parent cannot be contacted or cannot pick up their child, these persons can act of the parent's behalf and are authorized to pick up at First Friends. **Please include at least 2 contacts. All information must be included.**

Name	Address, City, State & Zip	Phone Number
1.		
2.		
3.		
4.		

Please initial the following:

First Friends "Parent Handbook" & "Discipline & Guidance" policy are both located on our website: www.firstfriendspreschool.org, under the registration tab. Click on "Parent Policies".

1. _____ RECEIPT/UNDERSTANDING OF PARENT/STUDENT HANDBOOK I acknowledge receipt/understanding of the "Parent Handbook" & will adhere to its policies
2. _____ RECEIPT OF DISCIPLINE & GUIDANCE POLICY I acknowledge receipt of the "Discipline & Guidance" policy
3. _____ I give consent for photographs and/or video to be taken of my child while at First Friends. I understand that some photographs will be submitted to the Prosper Press, or could be put on the First Friends website or First Friends Facebook page.

Signature of Parent _____ **Date** _____

For office use only:

Date of Admission _____

Date of Withdrawal _____



HEALTH ADMISSION REQUIREMENTS

FBC Prosper
Courtney Haneline, Director

STUDENTS NAME: _____

DOB: _____

HEALTH STATEMENT: (Check One)

- Physician's Statement: I have examined the above named child within the past year and find that he/she is physically able to take part in the daycare program.

Health Professional's Signature

Date

OR

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

OR

- Medical diagnosis and treatment conflict with the tenants and practices of a recognized organization which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

IMMUNIZATION REQUIREMENTS: (Check One)

- I have attached a copy of my child's current physician immunization record.
My child had Varicella disease (chickenpox) No Yes, Date _____

OR

- I am excluding my child from the immunization requirements for reason of consciences, including a religious belief. I have attached an official affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for two years. *For additional information regarding immunizations, contact the Department of State Health Services at: http://www.dshs.state.tx.us/immuize/school_info.htm*

HEARING & VISION REQUIREMENT FOR 4 & 5 YEAR OLDS: (Check One)

- I have attached a copy of my child's Hearing and Vision Results
Hearing Results must include Hearing frequencies (1000, 2000, & 4000 Hertz)
Vision must include distance acuity (20/20, 20/30, etc)

OR

- I will have my child receive their testing in the fall at First Friends for approximately \$20.00.

OR

- Hearing & Vision Requirements are not applicable to my child because he/she is under 4 years of age.

Signature of Parent: _____

Date: _____



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Name of Child: _____ DOB: _____

MEDICAL TREATMENT AUTHORIZATION

I, _____, give First Friends permission to obtain emergency medical treatment for my child. If the physician listed below cannot be reached, permission is granted for another licensed physician to be called.

Child's Physician _____ Physician's Phone _____

Address _____

Hospital Preference _____ Address & Phone _____

Medical Plan _____ Group Number _____ Policy Number _____

Allergies & Medical Needs

<p>Allergies: _____</p> <p>(If none, please write NONE above)</p> <p>List any special needs (if none please write NONE): _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Signature of Parent: _____

Date: _____

Allergy Emergency Plan

First Friends Preschool 2025-2026

Child's Name: _____

Date of Birth: _____

Parents' Name: _____

Parent's Contact Phone Number: _____

Allergies & Medical Needs:

----- My child has **not** been diagnosed by a health-care professional.

----- My child **has** been diagnosed by a health-care professional.

If you checked "yes" to your child being diagnosed by a health-care professional, then please contact your physician and have them submit to First Friends a food allergy emergency plan that is specific to your child and includes:

1. a list of each food the child is allergic to;
2. possible symptoms if exposed to a food on the list; and
3. the steps to take if the child has an allergic reaction.
4. the physician's signature and date
5. and the parent's signature and date

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.

Signature of Parent or Guardian

Date

Resources

Facility Information and Online Compliance History: <http://txchildcaresearch.org>

Child Care Regulation Contact Information: <https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-regulation>