



# First Friends Enrollment Form

Courtney Haneline, Director

**~DUE: ~February 18<sup>th</sup> 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](http://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](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: \_\_\_\_\_



## First Friends Enrollment Form

FBC Prosper

Courtney Haneline, Director

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

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

(If none, please write NONE above)

List any special needs (if none please write NONE): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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>

Students Name: \_\_\_\_\_ Date: \_\_\_\_\_

**ADDENDUM TO 2023-24 Registration Paperwork**

**Water activities:**

I give consent for my child to participate in the following water activities (Check all that apply).

- ☐ Water table play      ☐ sprinkler play      ☐ splashing/wading pools      ☐ swimming pools  
☐ aquatic playgrounds

Is your child able to swim without assistance?

- ☐ No      ☐ Yes

If no, what type of assistance is needed?

\_\_\_\_\_

**Child's Special Care Needs (check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> NONE                                       | <input type="checkbox"/> Limitations/restrictions on child's activities       |
| <input type="checkbox"/> Existing illness                           | <input type="checkbox"/> Adaptive equipment (include instructions below)      |
| <input type="checkbox"/> Previous serious illness                   | <input type="checkbox"/> Symptoms or Indications of complications             |
| <input type="checkbox"/> Injuries/Hospitalizations (past 12 months) | <input type="checkbox"/> Medications prescribed for continuous, long-term use |
| <input type="checkbox"/> Other: _____                               | <input type="checkbox"/> Environmental Allergies                              |

Explain any needs selected above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/child-care-centers/>. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).*