

First Friends Enrollment Form 2026-27

Courtney Haneline, Director

Admissions Date: _____

*Due: _____

Child's Name _____

Sex _____ Date of Birth _____ Age as of Sept 1, 2026 _____

Home Address _____ City _____ State _____ Zip _____

Mother/Father's Address (If different from above): _____

Child lives with: Mom's Name _____ Dad's Name _____

Both parents

Mom's Phone _____

Mom

Mom's Email _____

Dad

Dad's Phone _____

Other: _____

Dad's Email _____

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 on the parent's behalf and are authorized to pick up at First Friends. **Please include at least 2 local contacts. All information must be included.**

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

Water Activities:

I give consent do not give consent for my child to participate in water sensory table play.

Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for the following. Check all that apply.

- Discipline and guidance
- Suspension and expulsion
- Emergency plans
- Procedures for conducting health checks
- Safe sleep
- Procedures for parents to discuss concerns w/director
- Promotion of indoor/outdoor physical activity including criteria for extreme weather conditions
- Procedures for parents to participate in operation activities

- Procedures for release of children
- Illness and exclusion criteria
- Procedures for dispensing medications
- Immunization requirements for children
- Meals and food service practices
- Procedures to visit the center w/o securing prior approval
- Procedures for supporting inclusive services
- Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website

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 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 _____

Withdrawal Date: _____



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FBC Prosper

Courtney Haneline, Director

Name of Child: _____ DOB: _____

MEDICAL TREATMENT AUTHORIZATION

I, _____, give First Friends permission to transport my child and 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 _____

Please check which ER you want your child taken to:

Cook Children's, 4100 W University Dr, Prosper
(682) 303-8000 Legacy ER, 211 Frontier Pkwy, Prosper
(469) 868-9100

Allergies & Medical Needs

Please check one:

My child has not been diagnosed by a healthcare professional.
 My child has been diagnosed by a healthcare professional.

Allergies:

(If none, please write NONE above)

List any special needs <i>(if none please write NONE):</i> _____

If you checked "yes" to your child being diagnosed by a healthcare professional, 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.

Signature of Parent _____ Date _____