

# 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

☐ Dad

☐ Other: \_\_\_\_\_

Mom's Phone \_\_\_\_\_

Mom's Email \_\_\_\_\_

Dad's Phone \_\_\_\_\_

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.

- |  |  |
|--|--|
| <input type="checkbox"/> Discipline and guidance   | <input type="checkbox"/> Procedures for release of children  |
| <input type="checkbox"/> Suspension and expulsion  | <input type="checkbox"/> Illness and exclusion criteria  |
| <input type="checkbox"/> Emergency plans   | <input type="checkbox"/> Procedures for dispensing medications   |
| <input type="checkbox"/> Procedures for conducting health checks   | <input type="checkbox"/> Immunization requirements for children  |
| <input type="checkbox"/> Safe sleep  | <input type="checkbox"/> Meals and food service practices  |
| <input type="checkbox"/> Procedures for parents to discuss concerns w/director   | <input type="checkbox"/> Procedures to visit the center w/o securing prior approval  |
| <input type="checkbox"/> Promotion of indoor/outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for supporting inclusive services  |
| <input type="checkbox"/> Procedures for parents to participate in operation activities                                   | <input type="checkbox"/> 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](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 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: \_\_\_\_\_



# First Friends Enrollment Form 2025-26

## 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 (if none please write NONE): \_\_\_\_\_

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

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 \_\_\_\_\_