

First Presbyterian Preschool

Come Grow With Us!



1200 South Collins
Arlington, Texas 76010
Phone: 817-274-4051
Fax: 817-274-2083
www.fppsarlington.com



An NAC accredited preschool

2020-2021 Registration Form

****Registration will be on a first come first serve basis. All materials must be complete with Enrollment Fee in order to reserve a spot. ****

Child's Name _____ Sex: Male or Female (please circle one)
 Birthdate _____ Age: _____
 Street Address _____
 City _____, TX Zip Code _____
 Home phone number _____
 Mother's Name _____ Father's Name _____
 Address (if different than child's) _____ Address (if different than child's) _____
 E-mail _____ E-mail _____
 Mobile # _____ Mobile # _____
 Work # _____ Work # _____
 Employer _____ Employer _____
 Occupation _____ Occupation _____

Please list the day(s) and time(s) for which you are enrolling your child:

Please let us know how you heard about our school (circle one):

Website Drive by Parent's Attended FPPS as a Child Church Member
 Referred by _____ Returning Student Other _____

Emergency Information:

In case of emergency, please notify (other than parents):

Name	Relationship	Home #	Work/Cell #
Street Address		City/State	Zip Code

Parent/Guardian Signature _____

Date _____

Office Use Only

Date of Admission _____ Class _____ Teacher _____
 Days _____ Time _____ Program Fee Amount _____ Paid _____
 Monthly Tuition _____ Date of Withdrawal _____ Teacher Request _____

Pick-Up Authorization:

_____ has my permission to be picked up from school by
(child's name)
the following people. Be sure to include parent not signing form if applicable.

1. _____	3. _____
Phone # _____	Phone # _____
Address _____	Address _____
Relationship _____	Relationship _____
2. _____	4. _____
Phone # _____	Phone # _____
Address _____	Address _____
Relationship _____	Relationship _____

Medical History:

Allergies (please list along with severity and treatment):

Existing Illness:

Previous serious illness/injury:

Medicine prescribed for long term continuous use:

Special Needs Statement:

Please list any special needs your child would need incorporated in his/her care. (Ex. Further explanation of any medical history, care for existing illness, diapering instructions, potty training needs, nap time needs etc.)

Family Information:

Please fill out the following information so that we can meet your family's needs to the best of our ability. We value and embrace diversity. If there is any way we can help your family in any traditions, celebrations, history, practices, etc. please do not hesitate to ask. Thank you!

What is your family's ethnicity _____ Religion _____

Home Language _____

Family Structure (the people who make up your family) _____

____ Yes, I would be interested in volunteering in my child's classroom.

____ No, I am not interested/unable to volunteer in my child's classroom.

Parent/Guardian Signature

Date

Felony Statement:

Have you ever been convicted of a felony or misdemeanor, or are there any pending criminal charges against you, including deferred adjudication?

Mother's Name _____ No _____ Yes _____ (if yes, please explain)

Father's Name _____ No _____ Yes _____ (if yes, please explain)

Financial Agreement

1. I agree to pay my balance in full by the 15th of each month. If I use a credit card I know I will be responsible for the service fee. Tuition not paid by this date, will be charged a late fee of \$25.
2. If I cannot pay my balance in full by the 15th of the month I will contact the Director or Office Manager and have a written agreement on the time of payment.
3. I will pay the Program Fee at the time of registration. I understand that all fees are NON-REFUNDABLE.
4. A late fee of \$1per minute will be charged after 3:00pm if your child is picked up late from regular day.
5. A late fee of \$1 per minute will be charged after 6:00pm if your child is picked up late from extended care.
6. A fee of \$25 will be charged for all returned checks. Two returned checks will necessitate cash or money order payment for each month thereafter.
7. Failure to pay tuition can and will lead to a child being unenrolled from the school.
8. Annual tax receipts (summaries of yearly payments) will be withheld from families with an outstanding balance.
9. After enrollment is in effect or the school year has started a time period of 30 days is required to dis-enroll your child. Please remember the Program Fee is non-refundable.
10. We accept the following forms of payment: check (made out to FPPS), cash, money orders, most major credit cards (with a fee), and EFT (electronic funds transfer, forms available in the front office).

Enrollments are accepted without regard to race, religion, sex, or national origin. The first 30 days of enrollment will be a probationary period for all children. We strive to meet all children's needs. However, if your child's unique needs cannot be met by our program we reserve the right to ask for assistance or help in finding a more suitable school for your child. Our goal is to provide a quality education for all children.

I have read and understood all of the information on this registration form. I certify that this information contains no willful misrepresentation or falsification and that it is true and complete to the best of my knowledge and belief.

Parent/Guardian Signature

Date

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Physician Form 2020-2021 School Year

_____ has been examined within the past year by the health care
(Child's Name)
professional below and is able to participate at First Presbyterian Preschool.

Doctor's Name: _____

Address: _____

Phone Number: _____

Doctor's Signature

Date of last physical exam

___ I have attached a current shot record.

___ I am excluding my child from the immunization requirements for reasons of conscience, including religious beliefs. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services.

Parent's Signature

Date

***** FOUR YEAR OLDS ONLY *****

VISION	R 20/_____	L 20/_____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
Signature	_____	Date _____	

HEARING	1000 Hz	2000 Hz	4000Hz	
R				<input type="checkbox"/> PASS
L				<input type="checkbox"/> FAIL
Signature	_____	Date _____		

Parent/Guardian Signature

Date



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Authorization for Emergency Medical Care 2020-2021 School Year

In the event I cannot be reached to make arrangements for emergency medical care at the time of an illness/accident, I hereby authorize the First Presbyterian Preschool of Arlington, or a representative to take my child to:

Family Physician _____ Address _____ Phone # _____

Hospital _____

Insurance Company : _____ Policy #: _____

Child's Full Name _____

Parent/Guardian Print Name _____ Parent/Guardian Signature & Date _____

Subscribed and sworn to (or affirmed) before me the _____ day of _____.

Seal of Notary Officer _____ My commission expires: _____

Notary Public, State of Texas

We recommend that you have this form notarized to make it legally binding

Parent/Guardian Signature _____ Date _____ 5



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The personal information in this record is confidential and will only be shared with the child's teachers and the director.

Name:

First Middle Last

Nickname: _____ Birthdate: _____

With whom does your child live? Mother _____ Father _____ Other _____

Child's brother's names: _____ Ages: _____

Child's sister's names: _____ Ages: _____

Does your child have his own bedroom? _____ If "no" who shares their room? _____

Does your child sleep through the night? _____ What time does your child go to bed? _____

Does your child nap? _____ Normally how long is their nap? _____

Is your child potty trained? _____ If "no", has it been started? _____ Are there any special words used by your child to express that need? _____

Does your child have any fears? If so please explain: _____

Any nervous manifestations? (nail-biting, thumb-sucking, hair twisting, etc.) _____

Did your child experience a full-term normal birth delivery? Yes ___ No ___ Other information: _____

Does your child have any special needs? If so, please list _____

Has your child ever had any diagnostic testing for a behavior or learning difficulty or developmental delay?

Describe your child's appetite: _____

Favorite Snack: _____

Does your child have any allergies? _____

Does your child have a favorite playmate? _____ Name _____ Does your child have any imaginary playmates? _____

What are your child's dominant play interests? Indoors _____
Outdoors _____

Does your child watch TV? _____ What limits do you place on their viewing? (time & programming) _____
Favorite shows _____

Parent/Guardian Signature

Date

Do you read to your child regularly? _____
 Describe your child's past experience in child care: Include length of stay, adjustment and other pertinent information:

How does your child customarily react when separating from you? _____

Main reason for enrolling your child at this time: (circle all that apply)
 Academics/educational social interaction child care other _____

Describe your child's interactions with other children in a play setting: _____

ABOUT OUR FAMILY

Mom	Dad	Step-parent
Name: _____	_____	_____
Occupation: _____	_____	_____
Employer: _____	_____	_____
Home #: _____	_____	_____
Work #: _____	_____	_____
Cell #: _____	_____	_____
E-mail: _____	_____	_____

Two family rules we have are: _____

When our child does not do what we expect of them we usually (circle all that apply):
 Redirect Take away privileges Talk about it Time Out Spank

Other please explain: _____

When our child does not get their way they will (circle all that apply):
 Cry Pout Withdraw Tantrum Act Aggressively Talk about it

Other please explain: _____

Please list traditions important to your family: _____

What special holidays does your family celebrate? _____

Are there favorite cultural artifacts, holidays that you would be willing to share with your child's class? _____

Please circle response:

Yes	No	There has been a divorce in our family.
Yes	No	My child has contact with the non-custodial parent _____ times a month.
Yes	No	There are restrictions with the non-custodial parent of which the school should be aware of. _____
Yes	No	We have moved since our child was born. _____
Yes	No	Our family includes a pet/s. Names/types _____
Yes	No	We would be willing to share our hobby/talent with the class. _____
Yes	No	Our family speaks English at home. Please list if another language is spoken. _____

 Parent/Guardian Signature

 Date

2020-2021 First Presbyterian Preschool Permission Form

Child's Name: _____

Handbook/Discipline & Guidance

I have read and understand the First Presbyterian Preschool Parent Handbook/Operational Policies including discipline and guidance.

Parent Signature: _____ Date: _____

Student Directory

_____ I give permission for First Presbyterian Preschool to publish my name, child's name, address, phone number, and email address in the directory (given only to First Presbyterian Preschool staff and families).

_____ I do NOT give permission for First Presbyterian Preschool to publish my name, child's name, address, phone number, and email address in the directory.

Parent Signature: _____ Date: _____

Photographs and Videos

_____ I give my permission for First Presbyterian Preschool teachers and staff to take and use photographs and videos of my child for the following, please circle:

class projects (in school only), **weekly emails &/or website use**

_____ I do **NOT** give my permission for First Presbyterian Preschool teachers and staff to take and use photographs and videos of my child for class projects (in school only), weekly emails &/or website use.

Parent Signature: _____ Date: _____