



First Presbyterian Preschool
Come Grow With Us!



**Summer Camp Registration
2020**

Child's Full Name _____ Date of Birth _____ Home Telephone _____

Child's Home Address _____ Email address _____

Parent's/Guardian's Name _____ Address (if different than above) _____

List telephone numbers where parents/guardians may be reached while child will be in care:
Mother's Telephone _____ Father's Telephone _____ Guardian's Telephone _____

Please give the name, address and phone number of person to call in case of an emergency if parents/guardian can't be reached:

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
|------|---------|-------|--------------|

I hereby authorize First Presbyterian Preschool to allow my child to leave the childcare operation ONLY with the following persons. Please list name and telephone number for each. Children will only be released to a parent/guardian or a person designated by the parent/guardian after verification of ID.

1. _____
2. _____
3. _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

| | | |
|-----------------------------------|----------------|--------------------|
| Name of Physician: _____ | Address: _____ | Telephone #: _____ |
| Name of Emergency Facility: _____ | Address: _____ | Telephone #: _____ |

I give consent for First Presbyterian Preschool to secure any and all necessary emergency medical care for my child.

Signature - Parent or Legal Guardian

SPECIAL NEEDS STATEMENT:

Please list any special needs your child may have, such as allergies, existing illness, previous serious illness, injuries or hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

___ I understand that my child will be served a morning snack while in care. I am responsible for my child's nutritional needs and for sending a nutritious lunch each day.

___ I have been given a copy of First Presbyterian Preschool's Parent Handbook which includes the schools operational policies and discipline and guidance.

Signature - Parent/Guardian _____ Date _____

Office Use Only

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

First Presbyterian Preschool

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

Authorization for Emergency Medical Care 2020 Summer Camp

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 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

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