

First Baptist Christian Preschool Application
201 West Ocean Blvd. Stuart, Fl 34994
772-287-7793

Date of Enrollment _____ Part/Full Time _____
Child's Full Name _____ Nickname _____
Birthday _____
Current Address _____ City _____
Mailing Address _____ City _____
Email _____

Father's Name _____
Address _____ Phone (Home) _____
Place of Employment _____ Phone (Work) _____
Occupation _____ Phone (Cell) _____
Church Member _____ Where? _____

Mother's Name _____
Address _____ Phone (Home) _____
Place of Employment _____ Phone (Work) _____
Occupation _____ Phone (Cell) _____
Church Member _____ Where? _____

Marital Status: (Circle One) Single/ Married/ Separated/ Divorced
Who has **legal** custody of the enrolled child? _____

Name of the person responsible for bills if someone other than parents:

Address: _____

Siblings:

Name:	Date of Birth:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent Statement of Cooperation First Baptist Christian Preschool

In making application for my child to attend the First Baptist Christian Preschool, I agree to support the spiritual, moral, and disciplinary standards of the school.

The disciplinary code includes, but is not limited to, a merit program, sitting out of recess, and sitting in time out in the director's office. Florida Child Care Standards for Licensing prohibits corporal punishment. Restricting a child from lunch, snacks, or bathroom breaks will not be used as a form of discipline.

It is hereby understood that parents are responsible to pay tuition in advance; due on the first of the current month if paying on a monthly basis and by Monday of the current week if paying on a weekly basis. No refunds will be given for registration, tuition, books, supplies, or any other fees.

I give my child permission to take part in all school activities and absolve the school from liability to me or my child because of injury to my child at school.

Further, in the event my child becomes ill or injured while under school supervision, I approve the school authorities to take the following actions:

1. Contact a parent/guardian of the student and follow their instructions.
2. In the event neither parent/guardian can be reached, or persons authorized to call in case of emergency, contact the student's physician and follow their instructions.
3. If the student's physician cannot be reached, the school authorities will use their own discretion in contacting a properly licensed physician and follow their instructions.

If, in the opinion of a properly licensed physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint, and empower the Preschool Director or their designated appointee to furnish on my behalf, such written or oral authorization. I also release the First Baptist Church of Stuart from any liability which might arise from the giving of such authorization, it being my desire for my child to be furnished with such medical or surgical services as soon as possible after the need arises.

- I have received and read the information sheet given upon enrollment and agree to follow the policies and procedures set up by the Preschool
- I have received and read the **Florida Child Care Standards of Licensing**.
- I have received and read the **Influenza Virus "The Flu", A Guide to Parents Pamphlet**.

Parents Signature _____ Date _____

Print Name _____ Relationship to Student _____

Student(s) _____

First Baptist Preschool Information Sheet

Name _____

Address _____

Home Phone _____

Birth date _____

Mother's Name _____ Cell Number _____

Mother's Work Number _____

Father's Name _____ Cell Number _____

Father's Work Number _____

Allergies _____

EMERGENCY CONTACT:

Name _____ Relationship _____

Phone _____ Cell _____

Name _____ Relationship _____

Phone _____ Cell _____

Name _____ Relationship _____

Phone _____ Cell _____

Name _____ Relationship _____

Phone _____ Cell _____

WHO CAN PICK UP YOUR CHILD IN ADDITION TO THE ABOVE?

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Child lives with: _____

Have Pets at home: _____