

# Faithbridge Presbyterian Preschool

## Student Registration Forms

start date \_\_\_\_\_

end date \_\_\_\_\_

Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age as of Sept. 1, 2023 \_\_\_\_\_

Child lives with \_\_\_\_\_  
(please list adults in household)

Child's Address:

\_\_\_\_\_  
(Street address) (city) (zip code)

Father's Name _____	Mother's Name _____
Cell phone _____	Cell phone _____
Home phone _____	Home phone _____
Work phone _____	Work phone _____
Address _____	Address _____

Email address for correspondence \_\_\_\_\_

(Both parents have pick-up accessibility, unless otherwise documented in court ordered protection orders or custody agreements. These papers must be on file in the FPP office. If adult other than parent has custody, please list this/these persons above)

Pick-Up Authorization (other than Parents/Guardians - if no one other than parents, please write Parents Only):  
I authorize the following additional persons to pick up my child from Faithbridge FPP:

Name	Relationship	Phone
1. _____		
2. _____		
3. _____		
4. _____		

I have read the Parent Handbook of Policies and Procedures, including those for discipline and guidance, and agree to comply with all policies set forth within by the Faithbridge Presbyterian Preschool Board of Directors. I understand that this program is licensed by the Texas Department of Family and Protective Services and meets the minimum standards required by law for a child care center. I also agree to pay my tuition to Faithbridge Presbyterian Preschool on a monthly basis, regardless of absences due to illness, injury or travel of any length.

\_\_\_\_\_  
(parent or guardian signature)

\_\_\_\_\_  
(date)

# Faithbridge Presbyterian Preschool

## Medical/ Emergency Information and Authorization

Child's Name \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Full Address \_\_\_\_\_

Name of Medical Insurance \_\_\_\_\_

Policy Number \_\_\_\_\_ Policy Holder \_\_\_\_\_

**Local Emergency Contact, if parents cannot be reached: (REQUIRED for admission)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Full Address \_\_\_\_\_

Driver's License # \_\_\_\_\_ Alt Phone \_\_\_\_\_

Please circle any severe allergies your child has. (If you circle an item, we will not give your child anything with this allergen in it)

peanuts      tree nuts      berries      gluten      milk      eggs      lactose  
ants      honey      bees      seasonal      other \_\_\_\_\_

Does your child have an Epi pen to keep at school? \_\_\_\_\_ (prescription is required with pen)

Does your child have asthma? \_\_\_\_\_

Does your child have an inhaler to keep at school? \_\_\_\_\_ (prescription is required with inhaler)

Does your child have any other medication to keep at school? \_\_\_\_\_ Please list.

List any information we need to know about your child's medical history, including asthma, surgeries, hospitalizations in last 12 months, medications needed at school, or chronic medical concerns (use back of this form to provide information if needed):

In the case that I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I authorize Faithbridge Presbyterian Preschool to transport and seek emergency medical care for my child, \_\_\_\_\_, and give consent for necessary emergency treatment until I can be reached. I understand a conscientious effort will be made to contact me during any emergency involving my child. In the event that hospital care is required, treatment will be sought at the nearest ER facility, Baylor, Scott & White Medical Center, unless a different facility is listed here: \_\_\_\_\_. I give consent for that facility to secure any and all necessary emergency medical care for my child until my arrival under the direction of the Preschool staff present.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

# Faithbridge Presbyterian Preschool

## Photography Authorization

I give my permission for my child's photograph to be taken by Faithbridge Presbyterian Preschool staff members for the purposes of slide shows, student photo albums, photo video scrapbooks, or bulletin board displays.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

I give my permission for my child's photograph to be taken by Faithbridge Presbyterian Preschool staff members to be included on the FPP Facebook page and/or Faithbridge website. (\*only pictures of those children with permission granted will be included on the Facebook page and website.)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

## Lunch/Snack Acknowledgement

I acknowledge that Faithbridge Presbyterian Preschool will not be providing lunch for my child and will not be held responsible for the nutritional value of my child's lunch. I further acknowledge the importance of providing a nutritious lunch for my child each school day. I will provide lunch for my child every school day and place a cold pack in my child's lunch if it contains any perishable items. FPP will provide a morning snack for my child, and a monthly menu will be posted for my review. I have received a copy of the master monthly snack schedule, and my child may have all food listed except any food I have circled below. I will provide my own snacks if my child cannot have the provided snacks.

Circle any snacks/ food items your child CANNOT HAVE DUE TO ALLERGIES:

Graham Crackers    Ritz Crackers    Club Crackers    Whole Grain Cereal    Cheez-Its

Goldfish    Animal Crackers    Nilla Wafers    Pretzels

Lay's Potato Chips    Carrots    Oreos/Chips Ahoy    Capri Suns/Kool-Aid Jammers

(Chips, Carrots, Chips Ahoy/Oreos and Juice Boxes are only served on Celebration of Learning Days; once monthly)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

## Class Directory Authorization

I give my permission for my child's information to be included in a Class Directory to be distributed to the students in my child's class. Information included will include child's name, parents' names, phone, address, and email. I will be given the opportunity to review all information prior to distribution. Directories are for personal use only, and will not be used for solicitation purposes.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

# Faithbridge Presbyterian Preschool

## Parent Health Statement

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Parent Statement:**

I certify that my child has been seen by a physician during the past twelve months, and that he/she is able to participate in all preschool activities at Faithbridge Presbyterian Preschool.

Physician Name \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

(If a parent statement is issued, the child's physician must sign the Physician's Statement within the next 12 months).

# Faithbridge Presbyterian Preschool

## Discipline and Guidance Policy

Child's Name \_\_\_\_\_

\*\*\*Discipline must be:

- 1) Individualized and consistent for each child;
- 2) Appropriate to the child's level of understanding; and
- 3) Directed toward teaching the child acceptable behavior and self-control.

\*\*\*A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- 1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- 2) Reminding a child of behavior expectations daily by using clear, positive statements;
- 3) Redirecting behavior using positive statements; and
- 4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

\*\*\*There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- 1) Corporal punishment or threats of corporate punishment;
- 2) Punishment associated with food, naps, or toilet training;
- 3) Pinching, shaking, or biting the child;
- 4) Hitting a child with a hand or instrument;
- 5) Putting anything in or on a child's mouth;
- 6) Humiliating, ridiculing, rejecting, or yelling at a child;
- 7) Subjecting a child to harsh, abusive, or profane language;
- 8) Placing a child in a locked or dark room, bathroom, or closet with the door closed;
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies that I have received a copy and read this discipline and guidance policy.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

# Faithbridge Presbyterian Preschool

“Getting to Know Me”  
(Information for your child’s teacher)

## Family and Social History:

Child’s Name: \_\_\_\_\_  
Child’s Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parents’ Names \_\_\_\_\_  
Adults child lives with \_\_\_\_\_  
If child is adopted, age at adoption \_\_\_\_\_ Does child know? \_\_\_\_\_  
Dad’s job \_\_\_\_\_ Mom’s job \_\_\_\_\_  
Other Household Members:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_  
Pets: Kinds and Names: \_\_\_\_\_

## Health and Medical History:

Does your child have any special fears you are aware of? \_\_\_\_\_ If so, please describe \_\_\_\_\_  
Does your child generally go to the bathroom alone? \_\_\_\_\_ Wear diapers? \_\_\_\_\_  
Any speech, vision, or hearing difficulties? \_\_\_\_\_ Please specify therapeutic intervention, if any \_\_\_\_\_  
Any allergies or asthma (food or otherwise)? \_\_\_\_\_  
How does allergy or asthma manifest itself? \_\_\_\_\_  
Other health conditions: \_\_\_\_\_

## Emotions and Behavior:

Effective methods of discipline used at home? \_\_\_\_\_  
What comforts your child when sad? \_\_\_\_\_

Circle some characteristics that accurately describe your child:

Quiet	Active	Talkative	Easily Upset	Sharing	Prefers to play alone
Shy	Helper	Cuddly	Loving	Friendly	Scared of new things
Curious	Passive	Busy	Aggressive	Reserved	Respectful of others

Do you have any special concerns about your child that you feel his teacher should be aware of (easily over-stimulated, developmentally delayed, concern about the way child responds to others, birth defects, stressors in the home, such as divorce or illness) \_\_\_\_\_ Please explain on the back or attached a separate sheet as needed:

\_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
Date

# Faithbridge Presbyterian Preschool

## Statement by Child's Physician

(this form must be on file at the preschool along with a copy of CURRENT Immunization Records)

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

I have provided care for this child during the last twelve months, and believe this child is able to participate in all preschool activities at Faithbridge Presbyterian Preschool.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

### All Four Year Old Students Only

\_\_\_\_\_ I have attached a copy of vision and hearing screening results for the above named child.

\_\_\_\_\_ Results for the vision and hearing screening are as follows:

VISION:      Right 20/\_\_\_\_\_  
Name of test \_\_\_\_\_

Left 20/\_\_\_\_\_

\_\_\_\_\_ Pass

\_\_\_\_\_ Fail

HEARING:    1000HZ      2000HZ      4000HZ  
Right \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Left \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_ Pass

\_\_\_\_\_ Fail

\_\_\_\_\_ Pass

\_\_\_\_\_ Fail

Name of test \_\_\_\_\_

# Faithbridge Presbyterian Preschool

(home reference)

## Things You Need to Bring to School Every Day

- Basket to hold all belongings (purchased at preschool, no backpacks)
- Finger Friendly Lunch with drink and **cold pack** in lunch carrier or sack
- Full change of weather appropriate clothes, labeled please and place in a Ziploc bag
- Morning drink- sippy cup with water (preferable) or juice/water bottle
- If not potty trained, bring 4 labeled diapers daily
- Rolled mat for rest time (otherwise two (2) blankets)
- Lovey or special stuffed animal/doll for rest time

## Things to Bring at the Beginning of School

- Paint shirt (small adult or large youth sizes work well)
- Nap mat- waterproof Kinder-mat will be provided by preschool. You provide your own rolled mat or soft nap mat to place on top of our Kinder-mat (only preschool Kinder-mats will be left at school during the school year- others must be taken home each week and washed to prevent the spread of germs)
- **Updated Immunization Record copy or Affidavit stating you do not immunize**

## Things to Kindly Leave at Home

- Red juice- it stains tables and clothing
- Messy foods- including Go-gurts, ranch dressing, ketchup, and undrained fruit cup
- Special or “church” clothes- we will be painting and doing messy activities
- **Toys from home** (unless part of teacher’s plan, ie. Show and Tell)

## Master Snack List:

Animal Crackers	Club Crackers
Graham Crackers	Cheez-Its
Nilla Wafers	Pretzels
Ritz Crackers	Whole Grain Cereal
Goldfish	

\*\*\*\*Please look carefully at this snack list. If there is something on here your child cannot have, the office must be informed in writing. A monthly snack menu will be posted in the hallway outside of the FPP office.