



The Family of Faith Preschool Registration Form

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Director's Name: Cora Nash

Child's Full Name		Child's Date of Birth	Child's Home telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal		
Parent or Guardian Name #1		Address (if different from child's address)	
List telephone numbers below that may be reached while child will be in care.			
Relationship	Telephone number	Secondary telephone no.	
Parent or Guardian Name #2		Address (if different from child's address)	
Relationship	Telephone number	Secondary telephone no.	
Parent or Guardian #1 email		Parent or Guardian #2 email	
Name of Emergency contact if parent/guardian cannot be reached			Relationship
Emergency contact address		Emergency contact phone numbers	
I hereby authorize the school to allow my child to leave the school ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			
Name	Relationship	Phone	
Name	Relationship	Phone	
Name	Relationship	Phone	
My child is normally in care on the following days and times			
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Full-Time 6AM-6:30 PM	<input type="checkbox"/> Part-Time 9:00-2:00	<input type="checkbox"/> Notes:
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 Emergency Medical Care Facility:	Address:	Phone no.	
Name of Physician:	Address:	Phone no.	
I give consent for the facility to secure any and all necessary medical care for my child	_____ Signature- Parent or Legal Guardian		

Fee Schedule

Full Time 6:00 AM-6:30 PM
Part- Time 9:00 AM-2:00 PM

Annual Registration Fee: (non-refundable) due at registration

\$190 per child

Tuition Payments for 6 weeks- 17 months

\$280.00 per week

\$1,120 per month

Full-Time Tuition Payments for 18 mos-5yrs

<u>Days</u>	<u>Weekly</u>	<u>Monthly</u>
3 days per week	\$200.00	\$800
5 days per week	\$230.00	\$920

Part-Time Tuition Payments for 18 mos-5yrs

<u>Days</u>	<u>Weekly</u>	<u>Monthly</u>
3 days per week	\$175.00	\$700
5 days per week	\$200.00	\$800

I have read, understand and agree to the fee schedule as stated above. I understand and agree that tuition is due regardless of my child's attendance. I understand and agree that full tuition is due in the months where preschool acknowledges holidays. I understand that fees of up \$30 could be incurred for late tuition payments.

Parent Signature: _____

Date: _____

Child's Name: _____

School age children:

My child attends the following school:

Name of School and Address School Ph No.

Check all that apply:

His/Her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to:

Ride the bus

Be released to the care of his/her sibling(s) under 18 years old

Immunization Record:

I have provided the childcare operation with a copy of my child's most current immunization record.

Admission Requirement: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. Health-Care Professional's Statement: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's Signature Date

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

Signature – Parent or Legal Guardian Date

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			
SIGNATURE _____			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

Child's Name: _____

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement:

My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Parent / Guardian Signature

Date

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at
www.dshs.state.tx.us/immunize/public.shtm

Child's Name: [Click here to enter child's name.](#)

Health:

A child who appears ill upon arrival will not be admitted to class: Please see Parent Handbook for details			
Please Note: The parent should authorize the physician (at the time of registration) to accept a call from The Family of Faith Preschool for emergency medical care.			
Does your child have any allergies?		Yes	No
If so, what allergies does your child have?			
How should we respond if he/she has an allergic reaction?			
What is the severity of the reaction?			
Does your child have an existing illness		Yes	No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months?		Yes	No
Is your child taking any medication?		Yes	No
If so, how is the medication administered, and will it need to be administered while he/she is in our care?			
Is the medication prescribed for continuous use?		Yes	No
Are there any side effects we should be alerted to?		Yes	No
What is your child's present general physical condition?			
Have you noticed a hand preference:	Right	Left	Not Observed

Toileting:

Does your child need assistance with toileting?		Yes	No
How can we best help?			
What are your ideas about toilet training?			
How can we best help?			

Behavior:

Does your child have any special fears?		Yes	No
How does your child communicate his/her needs?			
Are there any special words that your child uses that might not be readily recognized?			
How do you tell your child to stop a behavior that you don't approve of or that might be dangerous?			
When your child gets upset, what helps him/her calm down?			
What is a good way to distract your child when he/she is having a temper tantrum?			
Are there any particular routines that are particularly helpful at naptime?			
What position is most comfortable for your child when he/she is napping?			

Child's Name: [Click here to enter child's name.](#)

Eating Preferences:

What are your child's favorite foods?		
Does your child use utensils, eat with fingers, feed self?		
Does your child choke easily while eating?	Yes	No

Activities:

What activities do you like to do with your child?	
What activities does your child like to do when playing with other children?	
What does your child like to do when he is playing alone?	

Consent:

Water Play: Consent to participate in the water activities such as Water table, sprinkler play, and wading /splashing pools	Yes	No
Photographic Release: Permission to The Family of Faith Preschool to photograph and/or videotape my son/daughter, and use the resulting photographs/videotape for any lawful activities for the purpose of promoting the preschool to the public or for preschool child care programs and curricular activities. I relinquish all rights, titles, and interest in the finished photographs, negatives and videotape film.	Yes	No
Directory Release permission to The Family of Faith Preschool to include the following in the Intra-School Directory – my child's name, parent's name, address, phone number, e-mail address (for purposes of school parties and activities only)	Yes	No

Family History:

Parent Status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
If parents are separated or unmarried, who has custody of the child? Click here to enter text.
Are there any restrictions: Click here to enter text.
Church affiliation: Mother - Member of a church <input type="checkbox"/> Yes <input type="checkbox"/> No; Where: Enter text. Father - Member of a church <input type="checkbox"/> Yes <input type="checkbox"/> No; Where: Enter text.
Has child been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No
Names and ages of brothers and sisters: Click here to enter text.