

First Presbyterian Church Early Childhood Program

4647 Preston Pasadena TX 77505
281-991-4020

Mon./Wed./Fri. Classes 9:00 – 12:00

- 3mos. to 12mos. Little Stars
- 12mos. to 24mos. Little Monkeys
- 2 year olds Wise Owls
- 3 year olds Early Pre-K
- 4 year olds Pre-K

Registration Fee: \$75.00
Monthly Tuition: \$140.00

Tues./Thurs. Classes 9:00 - 2:00

- 3mos. to 12mos. Little Stars
- 12mos. to 24mos. Little Monkeys
- 2 year olds Busy Bees
- 3 year olds Early Pre-K
- 4 year olds Pre-K

Registration Fee: \$75.00
Monthly Tuition: \$150.00

** Please note: Ages are based on child's age as of September 1st
**All children entering the Early Pre-K program must be potty trained

2018-2019

ADMISSION INFORMATION

Texas Dept of Family
and Protective Services

Form 2935
Aug 2010 / Pg 1 of 3

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|--|------------------------|---|----------------------------|
| Operation Name FPC-Early Childhood Program | | Director's Name Carrie Reed | |
| 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's or Guardian's Name | | Address (if different from child's address) | |
| List telephone numbers below where parents/guardian may be reached while child will be in care: | | | |
| Mother's Telephone No. | Father's Telephone No. | Guardian's Telephone No. | Cell Phone No |
| Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached: | | | Relationship |
| I hereby authorize the childcare operation to allow my child to leave the childcare operation 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. | | | |

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|---|----------|-------|
| 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: | Ph.#: |
| Name of Emergency Medical Care Facility: | Address: | Ph.#: |
| I give consent for the facility to secure any and all necessary emergency medical care for my child. | | |
| _____ Signature - Parent or Legal Guardian | | |

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and 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:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Signature – Parent or Legal Guardian

Date