



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: \$175.00

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: \$175.00

** 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

2023-2024 Admission Information

Operation's Name FPC - Early Childhood Program		Director's Name Carrie Reed	
Child's Full Name	Child's Date of Birth	Child Lives With <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian	
Child's Home Address		Date of Admission	Date of Withdrawal
Name of Parent or Guardian Completing Form		Address of Parent or Guardian (if different from the child's)	
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File <input type="radio"/> Yes <input type="radio"/> No
Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardian cannot be reached			Relationship
I authorize the child care operation to release my child to leave the child care operation ONLY with the following persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name		Phone Number	
Name		Phone Number	
Name		Phone Number	

Please turn over and complete back of page-----

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	Phone Number
Name of Emergency Care Facility	Address	Phone Number

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature — Parent or Legal Guardian	Insurance Carrier & Policy Number: _____
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Child's Additional Information Section

List any special needs that your child may have, such as environmental allergies, food intolerances, 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 caregivers should be aware of:

Does your child have diagnosed food allergies? Yes No Plan Submitted on _____

Child day care 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 Signed
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Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

Signatures

Child's Parent or Legal Guardian	Date Signed
Driver's License Number	