



200 E Center Avenue Sebring, FL 33870 (863) 385-4704 Phone (863) 385-4184 Fax License # C10HI0025

First Baptist Church Preschool 2024 - 2025 Enrollment and Permission Form

Family Information

Child's Name (Last, First, Middle Initia	Mother & Father's	Mother & Father's Name				
Child's D.O.B. Home Phone		Address	Address			
Allergies		City	State	Zip Code		
Special Health Concerns if any			I			
Custody: Mother	Father	Both	Other			
If child is in a separate	d or divorced family,	please see the <u>Custody Matt</u>	<u>ters</u> section on pg 10 of	Parent Handbook		
Mother's place of Employment		Hours of Employment	Work Phone	Work Phone		
Work Address: Number, Street, City		Email Address	Cell Phone	Cell Phone		
Father's place of Employment		Hours of Employment	Work Phone	Work Phone		
Work Address: Number, Street, City		Email Address	Cell Phone	Cell Phone		
Church you attend:			I			
Enrollment Options Office use: Enrollment Date						
	Please circle t	he Enrollment Option fo	or your Child			
Infants & One `	Year Olds					
Full-Time Year-Round	und Full-Time School Year					
Two, Three, &	Four Year (Olds				
5 Day Part Time	Full-Time	e Year-Round	Full-Time	Full-Time School Year		
Primary hours of C	are:	to				

Medical Information-Emergency Treatment and Transportation

I hereby give permission to First Baptist Church Preschool licensed by the Department of Children and Families to secure emergency medical, dental, and/or emergency surgical treatment and to provide emergency transportation for the previously named minor child while in their care. Non-emergency medical treatment or elective surgery is not included in this authorization.

Name of Child's Physician or Health Clinic	Office Hours	Phone Numbe	Phone Number		
Address (Number and street)	City	State	Zip Code		
Hospital Preferred for Emergency Treatment	Health Insurance Policy Name and Number				
Name of Child's Dentist	Office Hours	Phone Number	Phone Number		
Address (Number and street)	City	State	Zip Code		
Contact Information Children will be released only to the contacted and are authorized to re the custodial parent or legal guardian Emergency Contact other to	ustodial parent or legal gua move the child from the fa cannot be reached.	· ·		= : :	
Name & Relation	Home Phone		Cell Phone	Cell Phone	
Address (Number and Street)		City	Work Phone		
Names of Persons other th	an Parents to who	m Child can l	oe Released		
Name & Relation	Cell Phone	Cell Phone		Other Phone	
Name & Relation	Cell Phone	Cell Phone		Other Phone	
Name & Relation	Cell Phone	Cell Phone		Other Phone	
Name & Relation	Cell Phone	Cell Phone		Other Phone	
Name & Relation	Cell Phone	Cell Phone		Other Phone	
Name & Relation	Cell Phone		Other Phone	Other Phone	
Name & Relation	Cell Phone		Other Phone		

Does you	ır child h	have any special needs/health conditions we need to be aware of?
Has your	child ev	er attended another childcare center? Yes No
If yes, reaso	on for leavi	ing
Permis	sions ·	- Please choose an option for each item listed
YES	NO	
		I hereby give permission for pictures taken by First Baptist Church
		Preschool to be published on the internet for the 2024 - 2025 School Year.
		I hereby give permission for pictures taken by First Baptist Church Preschool to be used on posters and bulletin boards within First Baptist
		Church for the 2024 - 2025 School Year.

Notifications

Medical Forms

Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (form 680 or 981) within 30 days of enrollment.

Child Care Facility Brochure

Section 402.3125(5) F.S., requires that parents receive a copy of the "Know Your Child Care Facility" Brochure used by the childcare facility.

Discipline and Expulsion Policy

Section 65C-22.006(4) c 2, F.A.C., requires parents are notified in writing of the disciplinary practices used by the childcare facility. The discipline and expulsion policy are in the Parent Handbook.

Parent Handbook

All parents receive a Parent Handbook with information about the Preschool. The Handbook also explains the Preschool Discipline Policy, Illness Policy, and other rules for the Preschool.

My signature below indicates that I have receive submitted the required medical forms, the Parer enrollment form is complete and accurate. My signature preschool to view the items that I have submitted.	nt Handbook, and that the information on this gnature also gives permission to First Baptist
Signature of Mom/Guardian	Date
Signature of Dad/Guardian	Date