Fellowship
Baptist
Church

PRESCHOOL REGISTRATION PACKET
Instructions for Registering Your Child

1. Print registration packet
2. In order to have your child's spot held, you will need to send in the Registration Form, Parental Consent Form and registration fee of $40. The registration fee is non-refundable and your child's spot will not be held until that has been received.
3. The Physician's Form, Health Form and Phone Book Form are not required until the first day of school, but you will not be able to leave your child at school until these forms are received.
4. Drop off or mail completed forms to: Fellowship Baptist Preschool
   110 Mount Hope Road
   Fairfield, PA 17320
5. If your child is on any prescription medications that need to be kept at the school, we require written letters from a parent **and** a physician stating the name of the medicine, dose and frequency of dose to be dispensed. If your child needs nonprescription (over the counter or OTC) medications to be kept at the school, we require a letter from the parent stating the name of the medicine, dose and frequency of dose to be dispensed. We must have these letters before medications can be left at the school.
6. Please note: If parents are divorced/separated and one or both of these conditions apply:
   a) Both parents do not sign the Parental Consent Form
   b) One parent is not permitted to pick your child up from preschool

   we require the documentation of a court order (or its most pertinent parts) which designates the parent with primary physical custody to be on file with the preschool director.

Fellowship Baptist Church

REGISTRATION FORM

Child's Name:____ **Gender**: ☐Male ☐Female

(First Middle Last) Nickname

Address: ____

(Street, City, State, Zip Code)

Phone: ____________________ **Age:**_____ **Date of Birth**:____________________

(Month Day, Year)

Marital Status of Parents: ☐Single ☐Married ☐Separated ☐Divorced

Primary Custody: ☐Mother ☐Father

Father's Full Name:___________________________ **Occupation:**______________________

Address (if different from child's):____

Home Phone:________________**Cell Phone**:__________________**Work Phone:**________________

Email: ________________________________

Employer:_____________________________ **During Preschool Will Be at:** ☐Work ☐Home

Mother's Full Name:__________________________ **Occupation:**______________________

Address (if different from child's):____

Home Phone:________________**Cell Phone**:__________________**Work Phone:**________________

Email: ________________________________

Employer:_____________________________ **During Preschool Will Be at:** ☐Work ☐Home

Full Names of Siblings	Age	Dates of Birth	Living at Home	Gender
__________________	____	_________	☐Yes ☐No	☐Male ☐Female
__________________	____	_________	☐Yes ☐No	☐Male ☐Female
__________________	____	_________	☐Yes ☐No	☐Male ☐Female
__________________	____	_________	☐Yes ☐No	☐Male ☐Female

Please Complete if a Caregiver is Caring for Your Child

Caregiver's Full Name______________________________ **Will Be Driving to/from FBC**: ☐Yes ☐No

Address:____

(Street, City, State, Zip Code)

Home Phone:________________**Cell Phone**:__________________

How Did You Hear About Fellowship Baptist Preschool?___________________________________

Fellowship Baptist Church

REGISTRATION FORM

Please Indicate Which of the Following Experiences Your Child Has Had

☐ Preschool ☐ Organized Play Groups *explain*:____

☐ Mommy's Day Out ☐ Informal Play with Peers

☐ Tall & Small ☐ Other *explain*:____

☐ Camp ☐ Little Interaction with Other Children

☐ Sunday School

Check Any of the Following that Apply to Your Child

☐ Left-Handed ☐ Shy, Quiet ☐ Fearful *describe fears*:______________________

☐ Right-Handed ☐ Usually Happy ☐ Enjoys Company of Others

☐ Prefers to Be Alone ☐ Vision Problems ☐ Hearing Problems

☐ Difficulty Having Speech Understood

Are You Aware of Any Physical or Learning Disabilities ☐ No ☐ Yes *(please describe)*

____

____

Do You Have Any Comments or Is There Something You Feel We Should Know About Your Child?

____

____

____

____

____

____

____

I understand that, as a participant, my child may be photographed or videotaped during normal activities. These photos and/or videos may be used in promotional materials and publications including the FBC website. If you do not wish your child's picture to be published in news releases, church newsletters, preschool literature or the church website, please sign and date below.

Signature:____ **Date**:____________________

Please return forms to Fellowship Baptist Preschool
110 Mount Hope Road
Fairfield, PA 17320

FELLOWSHIP BAPTIST CHURCH
PARENTAL CONSENT FORM
Page 3

Child's Name____ Age ____________ Date of Birth_____________________

Address ____ Phone__________________________

City ____ State ___________ Zip Code ________________________

School ____ Grade __________

To whom it may concern: The undersigned does/do hereby give permission for ____, a minor child, to attend and participate in activities sponsored by Fellowship Baptist Church beginning on the 1st day of January, 2012, and concluding on the 1st day of June, 2013. I authorize an adult in whose care the minor child has been entrusted to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor child under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned minor child pursuant to this authorization. Should it be necessary for the minor child to return home because of medical or other reasons, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for the minor child to ride in any vehicle designated by the adult in whose care the minor child has been entrusted while attending and participating in activities sponsored by Fellowship Baptist Church.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL THE RISKS WHICH MAY BE ENCOUNTERED ON THE SAID ACTIVITIES, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I, do, for myself and for my child, heirs and assigns, hereby irrevocably and unconditionally release, acquit and forever discharge Fellowship Baptist Church of Fairfield, PA and its agents, employees, and volunteers from any nature whatsoever, which I now have or which may arise in the future, in connection with my child's participation in the described activity or in any other associated activities including, but not limited to, any injury to my child or property, even injury resulting in death. I expressly agree that this release, waiver and indemnity agreement is intended to be broad and inclusive as permitted by the law of the state of Pennsylvania and that is any legal portion hereof is held valid, it is agreed that the balance shall, notwithstanding, continue in full legal force and affect. This release contains the entire agreement between the parties hereto.

I further state that I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF AND I SIGN THIS RELEASE ON MY OWN FREE ACT. I understand that this is a legally binding agreement.

This form MUST be signed by all individuals who have legal guardianship.

Name ______________________ **Name** ______________________ **Name** ____________________________

Signature: ____________________ **Signature:** ____________________ **Signature:** __________________________

Relationship: __________________ **Relationship:** __________________ **Relationship:** ________________________

Date: ______________________ **Date:** ______________________ **Date:** ____________________________

Insurance Company ____**Group Number** ________________________

Policyholder Name ____**Policy Number** ________________________

Emergency Contact: ___________________________**Home Phone:** __________________**Work:**_________________**Cell:**_________________

Emergency Contact: ___________________________**Home Phone:** __________________**Work:**_________________**Cell:**_________________

Emergency Contact: ___________________________**Home Phone:** __________________**Work:**_________________**Cell:**_________________

Emergency Contact: ___________________________**Home Phone:** __________________**Work:**_________________**Cell:**_________________

Fellowship Baptist Church

HEALTH FORM

Child's Name:____________________________________**Age:**______ **Date of Birth**:__________
(First Middle Last) Nickname (Month Day, Year)

Address: ____
(Street, City, State, Zip Code)

Physician's Name: ____________________________________**Telephone:**________________

Dentist's Name: ____________________________________**Telephone:**________________

Medical History

Childhood Diseases:____

Allergies (Food, Environmental, Animal and/or Insect):________________________________

____

Any Health Problems or Physical Disorders that Would Prevent this Child from Participating in Outdoor Play Activities or Field Trips? ☐No ☐Yes, *describe*____________________________________

Any Other Health Problems of Which Staff Should Be Aware? ☐No ☐Yes, *describe*____________

____

Present Medications

Drug Name	Dose	Frequency	Purpose	Kept on School Premises:
				☐
				☐
				☐
				☐

Drug Side Effects of Which Staff Should Be Aware:____________________________________

Dietary Restrictions:____

Activity Restrictions:____

List Any Prosthetics Needed *(e.g. glasses, hearing aids, limbs, false teeth, etc.)*__________________________

Children must be potty trained before entering preschool. If your child occasionally has accidents, we request that you send them to school in pull-ups and have extra at school in case of accidents.

____________________________________ ____________________________
Signature of Parent or Guardian **Date**

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PHYSICIANS FORM

To be completed by a Physician

Name of Child: ____
(first) (middle) (last)

Vaccine — Doses (enter date given)

Diphtheria and Tetanus _______ _______ _______ _______
Polio _______ _______ _______ _______
HIB _______ _______ _______ _______
Measles (Hard, Red) _______
Or measles serology: Date: _______ Titer: _______:_______
Rubella (German Measles) _______
Or measles serology: Date: _______ Titer: _______:_______
Mumps _______
Or Mumps disease diagnosed by a Physician Date: _______
Tuberculin Test: Date: ______________ Result: ______________
If positive result, was anti-tuberculosis therapy received? _______
Other: Vaccine: __________________________ Date: _________________
Vaccine: __________________________ Date: _________________
Vaccine: __________________________ Date: _________________
______ Medical Exemption- Immunization would endanger life or health
______ Religious Exemption-requires a written statement from parent/guardian

Significant Medical Conditions	no	yes	explain
Asthma	☐	☐	________________________
Cardiac	☐	☐	________________________
Diabetes mellitus	☐	☐	________________________
Endocrine disorders	☐	☐	________________________
Gastrointestinal disorders	☐	☐	________________________
Hearing disorders	☐	☐	________________________
Hypertension	☐	☐	________________________
Neuromuscular disorder	☐	☐	________________________
Orthopedic condition	☐	☐	________________________
Respiratory illness	☐	☐	________________________
Seizure disorder	☐	☐	________________________
Skin disorder	☐	☐	________________________
Vision disorder	☐	☐	________________________
Other (specify)	☐	☐	________________________

Is child progressing normally with age or group? Yes _______ No ________

What can our staff do to meet the special needs this child may have? ________________

____

____

______________________________________ ________________________
Physician's Signature Date

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PHONE BOOK FORM

Many parents will ask for children's addresses or phone numbers to schedule play dates or to invite children to birthday parties. It is a helpful resource to our families. If you would like to be included, please provide the information below:

Child's Name ______________________________

Parents' Names ______________________________

☐ **Address** ______________________________

☐ **Phone Number**______________________________

☐ **Email** ______________________________

☐ **My Child's Picture**

I authorize Fellowship Baptist Preschool to print a preschool phone book with the above information:

______________________________ ______________

Parent Signature **Date**

☐ I would prefer that you DO NOT include my child in this directory.