



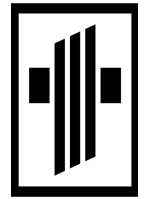
DISCOVERY DAYS ENROLLMENT FORM

FBC Allen Preschool Ministry

2024-2025

Website: Discoverydays@fbcallen.org

Phone: 972-727-7241 Fax: 972-727-6481



Personal Information:

Child's Name: _____ DOB: _____ Sex: ___M ___F

Child's Home _____
(Street) (City, State) (Zip)

Child Lives With: ___ Both Parents ___ Mom ___ Dad ___ Guardian

Custody Documents on File? ___ Yes ___ No

Mother's Name: _____ Cell Phone: _____

Mother's E-mail: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Father's E-mail: _____ Work Phone: _____

Names & Ages of Siblings: _____, _____, _____

Church Attending: _____

Emergency Information: Please list names and telephone numbers of any person to whom your child may be released and persons to contact when you cannot be reached:

Name: _____ Phone: _____ Relationship: _____
(Uncle/Aunt/Grandparent)

Address: _____
(Street) (City, State, Zip)

Name: _____ Phone: _____ Relationship: _____
(Uncle/Aunt/Grandparent)

Address: _____
(Street) (City, State, Zip)

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: _____

Name of Emergency Medical Care Facility: _____ Address: _____ Phone: _____

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

Parent's Signature: _____ **Date:** _____

Child's Special Care Needs: (Check all that apply)

___ Food Intolerances ___ Limitations or restrictions on child's activities

___ Reasonable accommodations or modifications ___ Existing illness

___ Adaptive Equipment ___ Symptoms or indications of complications

___ Other: _____ ___ Previous serious illness

Explain any needs selected above: _____

Does your child have diagnosed food allergies ___Yes ___No

Food allergy emergency plan submitted _____

Date

CHECK ALL THAT APPLY:

Water Activities: I hereby (___ give / ___ do not give) my consent for my child to participate in water activities.
___ Splashing/Wading in pools with 3" of water ___ Water Table Play

Daily Snacks: I hereby (___ give / ___ do not give) my consent for my child to receive a daily snack.

Operational Policies: ___ I acknowledge receipt of the facility's operation policies including those for discipline and guidance.

I acknowledge that all the information provided is accurate.

Parent's Signature: _____ Date: _____

2024-2025 Discovery Days Fees

AGE	DAYS	REGISTRATION FEE	TUITION/MONTH (Sept–May)
18 Month-Old	T/TH	\$280	\$280
2 Year-Olds	(select either) M/W or T/Th	\$275	\$275
3 Year-Olds	(select either) M/W or T/Th	\$275	\$275
4 Year-Olds	(select either) M/W or T/Th	\$285	\$285
2, 3 & 4 Year-Olds	T/W/Th	\$360	\$360
2, 3 & 4 Year-Olds	M/T/W/Th	\$425	\$425
Kindergarten	M/T/W/Th	\$425	\$425

By signing this document, I agree and understand that the REGISTRATION FEE is NOT REFUNDABLE at any time or for any reason. I am also acknowledging that all the information provided is accurate.

Parent's Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/child-care/centers/>. 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).

OFFICE USE ONLY:

Gender: Boy ___ Girl ___

Age (as of 9/1/2024): _____

Immunization ___ Doctor Statement ___

Enrollment Date: _____

Reg. Fee: _____ Cash: ___ Check #: _____

Date of Withdrawal: _____

Hearing/Vision (4's & Kindergarten) _____