



MASTER CARD

Child's Name: _____ Sex: _____ Birthdate: _____

	Mother	Father
Name:		
Address:		
Email:		
Marital Status:	Married Single Separated Divorced	Married Single Separated Divorced
Employer:		
Home Phone #:		
Work Phone #:		
Cell Phone #:		

Persons with whom the child lives: _____

Child's Doctor: _____ Doctor's Phone #: _____

Child's Dentist: _____ Dentist's Phone #: _____

Individuals to contact in case of an emergency:

Name	Relationship to child	Phone #

Does your child have any food allergies? Yes No

Does your child have any other allergies? Yes No

Does your child have any dietary restrictions? Yes No

Please explain any "yes" answers here: _____

My child has permission to be released to the following individuals, childcare facilities, or transportation services in addition to emergency contact persons listed above.

(Please notify these individuals that they may be asked to show proof of identity.)

Name	Relationship to child	Phone #

I authorize First Beginnings to secure emergency medical treatment for my child.

Parent's signature: _____ Date: _____

Date of Admission: _____



HEALTH POLICY

The following guidelines are set forth in direct accordance with the Louisiana state licensing requirements that First Beginnings is required to adhere to and must be followed precisely by staff and parents. Exceptions to these policies will not be permitted. You may want to keep these guidelines close at hand in the event you should have any questions concerning your child's health condition at any time.

1. Each child enrolled in the program must have completed and on file with First Beginnings, medical and/or health forms including:
 - a. Updated immunizations records (ongoing through age 5)
 - b. Information on childhood allergies
 - c. Indications of chronic illnesses, such as asthma, seizures, sickle cell anemia, etc.
 - d. Special instructions for the child
2. A daily health inspection for any observable illness will be made by the staff. Please relay any bumps, bruises or notable injuries to the staff when dropping your child off each morning.
3. Any child with an infectious or contagious disease [i.e., conjunctivitis (pink eye), measles, mumps, chicken pox, tuberculosis, viral flu, diarrhea, head lice, etc.] shall not attend the childcare program.
4. A child with a contagious or infectious disease requires a physician's note stating that he/she can return to school without the risk of spreading the illness. The director or staff supervisor will refuse to admit any child to the center that is suspected of having any infectious or contagious diseases. If the child appears ill, the director or staff supervisor will also request a note from the physician stating the child is free of any contagious illnesses or diseases.
5. Any child who becomes ill at the center and/or is suspected of having an infectious or communicable disease shall be separated from the other children until the parent or other authorized person comes for the child. That child shall not return to the center until the disease is cured/treated or has diagnosed by a physician or authorized health professional as not being infectious or contagious. The child must be free and clear of symptoms (fever, vomiting, etc.) for 24 hours without medication in order to return. Any child with a fever over 100 will not be allowed to attend the center without a note from a physician or authorized health professional stating the child is not contagious in accordance with Louisiana state licensing requirements.
6. When the staff has contacted you to pick up your child due to illness, the time will be noted on the incident report and you will have 45 minutes for you or another authorized person to pick up your child. After the initial 45 minutes have passed since contact with a parent or guardian, late fees will be assessed at the rate of \$1.00 per minute until the child is in your care. This is to ensure that child/staff ratios are maintained at all times. Please make sure your employer and anyone authorized for picking up your child knows about this policy.
7. Any child at the center must be able to participate in regularly scheduled activities.



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Office (318) 429-6890

8. If medication is to be taken by a child, prescription or non-prescription, the medication presented to the teacher **must** remain in the original container. All requirements are in accordance with Louisiana state licensing requirements.
 - a. Written administration instructions, signed and dated by the parent must include:
 - i. Child's name
 - ii. Prescription name and/or number
 - iii. Name of prescribing physician
 - iv. Condition for which medication is prescribed
 - v. Quantity of dose to be given
 - vi. Date(s) and time(s) of administration
 - vii. Any other considerations related to the medication or illness
 - b. The First Beginnings staff must record the following:
 - i. Signature when receiving medication and form
 - ii. Dosage given
 - iii. Note the time and date administered
 - iv. Initials of the administering staff on the medical form
 - c. Medications or dietary supplements must not be put into bottles of formula or other drinks brought into the center. This procedure is in direct violation of the Louisiana state licensing requirements and could harm another child if they were to pick up that drink by mistake.

9. If your child is injured, a CPR and First Aid certified staff member would take necessary steps to obtain and administer medical care in accordance with governing guidelines and parental consent. These steps may include but are not limited to the following:
 - a. Contacting parent, guardian, family physician, or another parent specified person
 - b. Calling an ambulance or paramedic
 - c. Once emergency medical care has been administered, staff will file an accident report

I, _____, parent/guardian of _____
give consent to First Beginnings Child Development Center to administer measures to provide immediate and potentially lifesaving care to my child:

Parent/guardian signature: _____ Date: _____



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Authorization for the Application of Topical Products

Child's name: _____

I give permission for center staff to apply the following topical products to my child whether center provided, or parent provided:

Sunscreen:	Yes	No
Insect repellent:	Yes	No
Diaper rash ointment:	Yes	No
Cortisone cream:	Yes	No
Antibiotic ointment:	Yes	No
Aloe Vera	Yes	No
Other _____	Yes	

Parent's signature: _____

Date: _____



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Consent to Release Information, Recordings or Photographs

Child's name: _____

I give my consent for **First Beginnings Child Development Center** to release information/photograph(s)/recording(s) of the child from which my child might be identified, except to authorized state and federal agencies.

Parent's signature: _____ Date: _____



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EMERGENCY PLAN

Child's name: _____ Date: _____

Parent/Guardian: _____

Address: _____

Phone _____ • Home : _____ • Cell : _____ • Work : _____

Preferred Hospital: _____

Physician's Name: _____ Phone: _____

Alternate Contact: _____ Phone: _____

I am aware that if my child has an emergency in school and I am not available, an employee will have my child transported to the emergency room.

Signature of Parent/Guardian

Date

Signature of Witness

PLEASE DOCUMENT PROBLEM AND RESPONSE FOR STUDENT-SPECIFIC EMERGENCIES (continue on back if needed)

If you see this ...	Do this ...

For Staff

In case of an emergency:

- 1.) If life-threatening, immediately call 9-1-1.
- 2.) Stay with the student or designate another adult to do so.
- 3.) Call or designate someone to call an administrative staff person.
 - a.) State who you are:
 - b.) State where you are:
 - c.) State problem:



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Non-Vehicular Excursion Authorization

My child, _____, has my permission to participate in all on-campus activities when the children are walking and accompanied by the staff. These activities include but are not limited to (please select all you allow):

- Library Time
- Physical Education
- Holiday Parties
- Chapel
- School Pictures
- Field Day
- Water Days
- School-sanctioned events

Parent Signature _____ Date _____



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Bottle Authorization

I give permission for my child, _____,
to hold his/her bottle for feeding.

Parent signature _____ Date _____



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Registration and Tuition Agreement

Child's name: _____

Address/City/Zip: _____

Father: Name _____ Driver's License # _____

SSN _____

Mother: Name _____ Driver's License # _____

SSN _____

On behalf of (child's name) _____ (DOB) _____ for enrollment in 2026-2027 school year.

**Estimated date of birth for prospective enrollment _____

**Estimated prospective date of enrollment _____

To reserve a position for your child after the beginning of our regular school year, full payment of monthly tuition is required. Church members and siblings of currently enrolled students will receive a discounted rate of 50% of regular tuition to reserve a position.

--Please initial the following--

1. _____ I understand First Beginnings and First Methodist Church reserve the right to terminate this enrollment agreement made by a joint determination from the Administrative Staff of First Methodist Church and First Beginnings. If that decision is made, immediate withdrawal will be necessary.
2. _____ If a child withdraws for any reason, a 30-day written notice of withdrawal must be submitted to the office and any outstanding balance paid in full. To disregard this policy and leave the center without proper notice the full tuition amount for the school year will be required.
3. _____ I understand:
 - a. Tuition is due regardless of my child's attendance and due in advance of care.
 - b. First Beginnings is closed 5-6 days for Christmas break (we try to follow Caddo Parish schedule for this holiday). A yearly calendar that lists all scheduled closing dates, holidays, and special events will be provided.
 - c. Children cannot be dropped off between 11:30a-2p. Infants are exempt.
 - d. Insufficient funds charge- \$25
 - e. Late pick up charge is \$5 per minute after 5:30. A 5-minute grace period will be given if a phone call is made to the center prior to 5:30p.
4. _____ I have received and read the Parent Handbook and agree with policies, requirements, and regulations contained within.
5. Are you a member of First Methodist Church? _____ Yes _____ No
6. Has either parent been convicted of a crime or arrested? _____ Yes _____ No



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	Full Time/ 5 days	Early Drop Off
	7:30a-5:30p	7:00a-7:30a
	Monthly	Monthly
Infant	\$900	\$75 per child
Toddlers and up	\$800	\$75 per child

- The commitment of First Beginnings is to furnish the physical plant and personnel to make available schooling or instruction for the student appropriate to the developmental level of the children.
- The specific dates of operation are determined at the discretion of First Beginnings. A separate holiday schedule is available in the office.
- **Tuition fees are due in advance of care:** Payments must be paid in full by the 5th of each month or ½ paid the 1st and 15th of each month. Either payment schedule is acceptable, and must be paid in advance of service.
- The annual registration/supply fee of \$250 must accompany this form to guarantee a place for your child. Returning students will be eligible for a reduced registration fee of \$200 if registration is completed prior to March 1, 2026. A reduced registration fee of \$150 (\$100 if early registration) is charged for returning students who are members of First Methodist Church. These fees are non-refundable.

Receipt of this Registration and Tuition Agreement is acknowledged and accepted.

Signature _____

Date _____