

FIRST FRIENDS PRESCHOOL APPLICATION 2024-2025
PLEASE PRINT CLEARLY

Child's Name _____ Boy _____ Girl _____

Age of Child on August 1st _____ (**Aug. 1st is the cutoff date for VCSC**)

Child's Birthday _____

Date of Registration _____ (Immunization/Birth Certificate due 2 weeks from this date)

Registration Fee/Supply Fee/Back to School Fee - \$100.00.

Check _____ Cash _____ Amount paid _____

The fee at the time of registration is Non-Refundable.

*****Second Semester Supply Fee is due in January - \$100.00 with your tuition payment*****

Do you vaccinate your child? YES NO – (Circle one)

(We follow the CDC guidelines for immunizations – all shots must be up to date.)

Is your child potty trained? Yes _____ No _____ Should be by fall? Yes _____ No _____

CLASSES OFFERED AT FIRST FRIENDS PRESCHOOL: Prices listed are per month:

***Beginner's Class – age 2 by Aug. 1st – does not need to be potty trained.**

M/W/F/ 9:00 am – 12:00 pm - _____ \$155.00

T/TH 9:00 am – 12:00 pm - _____ \$140.00 children turning 2 between Aug. 2nd – Dec. 31st will be considered for this class only.

***Middlers Class – age 3 by Aug. 1st – needs to be potty trained**

M/W/F 9:00 am – 1:00 pm _____ \$170.00 – bring lunch/ **needs to be potty trained**

T/TH 9:00 am – 12:00 pm _____ \$140.00 children turning 3 between Aug. 2nd – Dec. 31st will be considered for this class only – **needs to be potty trained**

***Pre-Kindergarten Class – age 4 by Aug. 1st – needs to be potty trained**

Mon. – Fri. EVERYDAY (M/W/F 9:00 am – 2:00 pm T/TH 9:00 am -12:00 pm) _____ \$210.00 bring lunch

M/W/F 9:00 am – 2:00 pm _____ \$185.00 bring lunch children turning 4 between Aug. 2nd – Dec. 31st will be considered for this class. Being in this class does not mean your child can move into kindergarten the following year.

Parents/Guardian Address: _____

Place of Birth: _____

Parent #1 Name: _____ Home/Cell Phone: _____

Employer: _____ Work Phone: _____

Parent Email Address: _____

Parent #2 Name: _____ Home/Cell Phone: _____

Employer: _____ Work Phone: _____

Parent Email Address: _____

Members of your household – Please list adults first, then children, in order of age

Name	Age	Relationship to child
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1	_____	_____
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2	_____	_____
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3	_____	_____
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4	_____	_____
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5	_____	_____
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Has your child been in a Preschool/Day Care before? Yes _____ No _____ If so, where? _____

Church Affiliation - _____

How did you hear about First Friends Preschool?

Medical Information

EMERGENCY CONTACT – This should be a close friend or relative who can be reached in the event that neither parent/guardian can be reached:

*Name: _____

Phone Number _____

Relationship to your child: _____

*Name: _____

Phone Number _____

Relationship to your child: _____

(If necessary, 911 will be called to assist your child.)

Which hospital do you prefer? Union _____ Regional _____

Does your insurance require that you use a particular hospital? Yes ____ No ____

Physician's Name and Phone Number _____

ALLERGIES (Medicine and Food): _____

MEDICATIONS TAKEN REGULARY: _____

Does your child have any physical disabilities or restrictions that we should be aware of?

Is there anything else you would like us to know about your child? _____

PERMISSION FOR FIELD TRIPS/OUTSIDE ACTIVITIES:

My child, _____, is allowed to participate in **outside** activities which may be part of the preschool experience at First Friends Preschool. Pre-K classes might take a nature walk to Dobbs Park in the fall or spring. You would be notified about this walking field trip. As a Preschool, we do not take 'driving' field trips in the community. We 'bring the community to us' rather than us go out into the community.

Parent/Guardian Signature/Date: _____

*Please initial if you **are in agreement** with your child's photo being used at First Friends
Preschool/First Baptist Church _____

RELEASE AND WAIVER OF LIABILITY

In consideration of enrollment in First Friends Preschool (hereinafter referred to as "FFP"), a program of First Baptist Church of Terre Haute, Incorporated (hereinafter referred to as "FBC") and being allowed to participate, now and in the future, in any and all FFP related programs, activities, and events, the undersigned hereby expressly agrees as follows:

I agree that I have voluntarily elected to enroll my child in FFP, and I consent to the participation by my child in any and all FFP related programs, activities, and events. I agree, understand, and acknowledge that participation in FFP programs and activities by me and/or my child involves physical activity and inherent risk, which may or may not be obvious, of property damage, personal injury, and death. I further acknowledge that enrollment in FFP presents a risk to my child of exposure to the COVID-19 disease, and other communicable diseases, which also presents the risk of transmission of any such disease to all other members of my child's household and any other persons residing in any household in which my regularly spends time; I further acknowledge that even with social distancing and mask-wearing, the risk of exposure/transmission cannot be eliminated and is significant. I assume all risk of property damage, personal injury, and death associated with and/or related to participation by me and/or my child in any and all FFP related programs, activities, and/or events, or otherwise while on any premises owned by FBC. **Initials:** _____

I, on behalf of myself and my child, agree to waive, release, indemnify, hold harmless, and forever discharge any and all claims, demands, damages, lawsuits, liabilities, and related causes of action of every kind and nature, which I and/or my child have or may have in the future, against FFP and FBC, its officers, members, volunteers, directors, employees, or agents for injury, loss, death, costs or other damages to me or my child or our property arising from or otherwise related to participation in FFP programs or activities, whether such claim, demand, suit, or cause of action be a contract claim, negligence or other tort claim, or claim for insurance coverage. **Initials:** _____

I agree that this release and waiver is binding upon the undersigned and his/her respective spouse, children, heirs, next of kin, executors, administrators, representatives, successors and assigns. This release and waiver shall be subject to the laws of the State of Indiana. The provisions of this release and waiver will remain in full force and effect even after termination of membership or cessation of participation in FFP programs, activities, and/or events. **Initials:** _____

I agree that neither FFP nor FBC assumes any responsibility for or obligation to provide me and/or my child with insurance coverage, directly or indirectly. Neither FFP nor FBC insures members or participants in any FFP its programs, activities, and events. I agree that it is my responsibility to provide insurance coverage for me and/or my child if I desire to have medical, health, disability, auto or any other insurance coverage. **Initials:** _____

I AGREE AND UNDERSTAND THAT BY MAKING AND SIGNING THIS RELEASE AND WAIVER OF LIABILITY THAT I SURRENDER VALUABLE LEGAL RIGHTS. I UNDERSTAND THE CONTENTS OF THIS RELEASE AND WAIVER OF LIABILITY AND AGREE TO BE BOUND BY IT VOLUNTARILY AND WILLINGLY

Signature of Parent: _____

Date: _____

Name of Parent: _____

Name of Child: _____

Notice Concerning Fire Safety Protection:

Under Indiana law, First Friends Preschool is not required to have either a fire alarm or sprinkler system in our building, but we are required to inform the parent(s) or legal guardian(s) of each child of the absence of these fire safety precautions. The purpose of this notice is to inform you that the Weekday Preschool Ministry at First Baptist Church does not have the same level of fire safety protections that are required of a licensed childcare center. While we do have a fully functioning, fully monitored fire alarm system throughout our facility, we **do not** have a sprinkler system.

I/We, the parent(s) or legal guardian(s) of _____,
acknowledge that I/we have read and understood the above notice concerning fire safety protection.

Date

Signature