



Emergency Medical Release/Health Form

Child's Full Name _____ Birthdate _____

Parent's Names _____

Child's Allergies _____

Comments (please list all issues that will help us to get to know your child physically, emotionally and socially):

Doctor's Name _____ Phone # _____

Doctor's Address _____

Health Insurance Name _____

Health Insurance Phone # _____ Policy # _____

List two other persons to contact in case of emergency:

1. Name _____ Relationship _____
Address _____ Phone # _____
2. Name _____ Relationship _____
Address _____ Phone # _____

Consent for Treatment

Parent consent is a legal requirement for treatment of a minor child. To authorize emergency treatment of your child in the event you are unable to be contacted.

"I _____, parent/legal guardian, hereby authorize a First Steps Preschool Staff Member to consent to medical treatment of my child _____ when I cannot be contacted. Such consent includes, without limitation, x-rays, injections, anesthetic, medical, dental or surgical examinations or treatment, and or hospital care. No prior determination of life threatening emergency or danger of treatment needs to be made under this authorization."

This authorization remains effective until _____.

Signature

PHYSICIAN'S EXAMINATION AND IMMUNIZATION RECORD

Date of Exam _____ Child's age this date ___ yrs. ___ mos. Height _____ Weight _____

Blood Pressure _____ Other Tests _____

I have examined the child named on this form and find that he/she **IS/IS NOT** able to participate in structure First Steps Preschool programs. I have examined the immunization record and attest that it is true and accurate listing.

Physician's signature _____ Date _____

ATTACH A COPY OF THE IMMUNIZATION RECORDS TO THIS FORM.

Your child cannot participate in the First Steps Preschool program until this medical information is on file.



Information Form

This is for your child's teacher in order to better serve your child.
Please place a check in the box by each phrase that applies to your child

Child's Full Name _____ Nickname _____

My child has:

- These allergies _____
- Been hospitalized in the past 12 month for _____
- This existing/previous serious injury, condition or illness _____
- To take this long-term medication _____ for _____
- Hearing loss/difficulty
- Vision difficulties
- Speech difficulties
- Special needs or disability – please list details _____
- Currently been working with Project TYKE
- Currently been working with Early Childhood Education(ECI)

Social Development and Play Habits

- Feels comfortable talking to adults other than parents
- Has never been in preschool
- Has been in preschool for _____ years.
- Chose to leave or was asked to leave previous preschools for the following reasons:

- Has trouble separating from parents. Comments: _____
- Plays regularly with children whose ages are _____
- Plays well with others
- Enjoys quiet play
- Shy
- Favorite play activity _____
- Does not like to play with others. Comments: _____
- Enjoys active, moving play
- Outgoing

Toileting Habits – My Child:

- Is in diapers
- Is in training
- Is independent in using the toilet

Uses the word _____ for needing to use the toilet.

Favorite Books: _____

Fears: _____

Sleeping Habits – My Child:

- Usually takes a nap at _____ a.m./p.m. and likes to go to sleep with _____
- Does not nap (bottle, pacifier, blanket, etc.)

Eating habits – My Child:

- Has a healthy appetite
- Likes a variety of foods
- Likes a limited number of foods
- Usually is not hungry
- Is on a special diet of _____ *Parents may provide all snacks in this situation.

My child is:

- Left – handed
- Right – handed
- Has not yet shown a preference for left or right handedness

My child speaks the following language: _____

Language(s) spoken at home _____

Additional Comments: _____



Financial Agreement

(Financial Terms and Conditions)

Please initial each statement to acknowledge acceptance of terms.

_____ I understand that the registration/supply fee is required to secure a spot for my child.
This fee is NON-REFUNDABLE and is due at the time of registration.

_____ I understand that monthly tuition fees are NON-REFUNDABLE. If tuition is prepaid by the semester
or year, a refund will be given with thirty (30) days written notice of intent to withdraw child.

_____ I understand that I will prepay May 2020 tuition. This full month payment is due at the time of
registration. This fee is NON-REFUNDABLE. It will be applied to the last month's tuition with a
30-day written notice.

_____ I understand that full tuition is due each month regardless of absences, holidays, or other school
Closings. First Steps will follow the KISD calendar with the exception of beginning dates, ending
Dates, Thanksgiving, Easter and preschool teacher workshops.

_____ I understand that there are NO "make-ups" for missed days.

_____ I understand that tuition is due on the first school day of each month. Tuition not paid by the 10th
school day of each month is subject to a \$10.00 late fee.

_____ I understand that on return checks I will be assessed a \$15 charge to my child's account.

_____ I understand that children not picked up by 2:40 will be left in after care classroom with the charges
assigned for each hour.

_____ I understand that I will not be allowed to register my child for the following school year unless my
current tuition is paid in full at the time of registration.

I agree to the financial terms listed above.

Student(s) Name(s) (PLEASE PRINT)

Parent's Name (PLEASE PRINT)

Parent's Signature

Date

(Continue on back)



Permission Form

Personal Information – Photograph Release Statement – Water Play Participation

1. I give First Steps Preschool permission to release my child's name, address, and phone number to the school for parties & play date lists. Yes No

2. I give First Steps permission to take my child's pictures for use on: the First Steps/First Baptist Church Website; e-mail notices to First Baptist members and First Steps Families. Yes No

3. I give permission for my child to participate in water activities at First Steps Preschool. Yes No

4. I give permission for the class to share my email address with other families within my child's classroom for playdates/birthday parties. Yes No

Child's Name (PLEASE PRINT)

Parent/Guardian Signature

Date