



**2025-2026  
ECEC CHILD INFORMATION FORMS  
TX-HHSC 746.601-607  
THHS Form 2935**

**This registration form must be completed and returned to the ECEC before your child's first day of enrollment. A copy will be kept on file and given to your child's teacher to support your child's development.**

**Student Information**

Child's Full Name \_\_\_\_\_  
Child's Preferred Name \_\_\_\_\_  
Child's Date of Birth \_\_\_\_\_ Child's Gender \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone # \_\_\_\_\_ Director Olivia Ortiz  
School Year \_\_\_\_\_ Age as of September 1 of school year \_\_\_\_\_  
Admission Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

**Father/Guardian's Information**

Father/Guardian Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address if Different from Child's \_\_\_\_\_  
Occupation \_\_\_\_\_ Telephone # \_\_\_\_\_

**Mother/Guardian's Information**

Mother/Guardian Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address if Different from Child's \_\_\_\_\_  
Occupation \_\_\_\_\_ Telephone # \_\_\_\_\_

Name of Person Completing Form \_\_\_\_\_

The child lives with:

Both Parents \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_ Guardian \_\_\_\_\_

Who has custody of the child? \_\_\_\_\_

Custody documents on file. N/A \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Other adults living with child or who share child rearing \_\_\_\_\_

Other children in the family (name & age) \_\_\_\_\_

### **Tuition Information**

My child is in care the following days & times; **please initial only one.**

Tues/Thurs 9 a.m.-2 p.m. \_\_\_\_\_ Tues/Wed/Thurs 9 a.m.-2 p.m. \_\_\_\_\_

**Tuition ACH form submitted online, please list date:** \_\_\_\_\_

ACH Form is online at [www.fpcmid.org/eccec](http://www.fpcmid.org/eccec) under tuition & registration and must be completed and submitted online before returning student enrollment forms.

#### **Tuition 2 Days**

Ages 6 months- 4 years old

\$270.00 per child per month

Supply Fee-\$50.00 per child per semester

#### **Tuition 3 Days**

Ages 2, 3, and 4 years old

\$400.00 per child per month

Supply Fee-\$75.00 per child per semester

May 2026 tuition is prepaid to finalize enrollment and will be drafted from the ACH account on Friday, April 11, 2025. **Parent Initial:** \_\_\_\_\_

Refund requests for May 2026 tuition must be emailed to [oortiz@fpcmid.org](mailto:oortiz@fpcmid.org) on or before Thursday, May 1, 2025. **Parent Initial:** \_\_\_\_\_

### **Child's Developmental Information**

Sleep and nap habits \_\_\_\_\_

Are there any special fears? \_\_\_\_\_

Favorite toys \_\_\_\_\_

Do you have a pet? (name, kind) \_\_\_\_\_

Has your child attended another school? \_\_\_\_\_

If yes, reason for leaving \_\_\_\_\_

Is your child enrolled in any group activities? \_\_\_\_\_

Describe the type of discipline you have found most effective with your child.

In what ways do you expect our program to help your child? \_\_\_\_\_

What special activities would you like to see your child experience? \_\_\_\_\_

Do your family members have a hobby, talent, or special interest to share with the school children? (music, profession, etc.) \_\_\_\_\_

How did you hear about us? FPC Covenant Partner (Member) \_\_\_\_\_

FPC Website \_\_\_\_\_ Family/Friend \_\_\_\_\_ Other \_\_\_\_\_

**Children enrolled in our three- and four-year-old programs must be potty trained and independent in their self-bathroom care by the first day of school. This includes not using pull-ups or diapers during attendance hours. Teachers can verbally guide a child to help with independence in self-bathroom care but cannot assist with wiping. Please notify the director immediately if your child is not potty trained. Parent Initial \_\_\_\_\_**

For children under 3 yrs old as of Sept. 1 of the 2025-26 school year. Is your child potty trained?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Potty habits (special words used, help applies to children enrolled in the two-year-old and younger program)

### **Gang Free Zone**

Under Texas Penal Code 42, any area within 1,000 feet of a child care center is a gang-free zone, and criminal offenses related to organized criminal activity are subject to harsher penalties.

### **Privacy Statement**

TXHHSC values your privacy. For more information on TX state licensing privacy policies, please visit [www.hhs.tx.gov/policies-privacy](http://www.hhs.tx.gov/policies-privacy)

The ECEC will only share your name, email, and phone number with the room parent in your child's classroom. It will not share any contact information with other families.

**Local Emergency Contact**  
**TX HHSC 746.603 (6), 746.605.**

Please provide the name, phone number, and address of two individuals other than a parent who should be contacted in an emergency when a parent cannot be reached. The individuals must be local residents.

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

**Consent Information**

**Please initial:**

I understand that I will provide a nut/seed-free **lunch for my child each school day (this includes almond butter and sesame butter, etc.)**.  
\_\_\_\_\_

I understand I will provide nut-free am/pm snacks when assigned by my child's teacher,  
for the class. \_\_\_\_\_

I give consent for my child to participate in water table play. TX HHSC 746.605

Yes \_\_\_\_\_ No \_\_\_\_\_

I consent for my child to be transported and supervised by the operation's employees  
(Check all that apply)

For emergency care \_\_\_\_\_ On field trips, 3 & 4 year old's only \_\_\_\_\_  
Parents of 3 & 4-year-olds may transport their children on field trips.

I give consent to participate in field trips for 3 & 4-year-olds only. TX HHSC 746.1801, 746.1805

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

Comments: \_\_\_\_\_

I consent to photos of my child being displayed on social media platforms, in the hallway or bulletin boards, in church newsletters or services, and on the app used between the school, teachers, and families.

Yes \_\_\_\_\_ No \_\_\_\_\_

I consent to ECEC staff using their cell phones to take photos and video recordings for school or parent communication and photos for memory book pages.

Yes \_\_\_\_\_ No \_\_\_\_\_

### Child's Special Needs Care

Please check all that apply.

- \_\_\_\_\_ Environmental allergies                      \_\_\_\_\_ Food intolerances
- \_\_\_\_\_ Limitations/restrictions on child's activities (see parent handbook)
- \_\_\_\_\_ Existing Illness                                      \_\_\_\_\_ Previous serious illness
- \_\_\_\_\_ Reasonable accommodations or modifications
- \_\_\_\_\_ Injuries and hospitalizations (past 12 months)
- \_\_\_\_\_ Symptoms or indications of complications
- \_\_\_\_\_ Adaptive equipment (included instructions below)
- \_\_\_\_\_ Medications prescribed for continuous long-term use

Explain any needs selected above:

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### Child Therapy Information

Does your child attend therapy? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what kind of therapy does your child attend? \_\_\_\_\_

Therapist's name and number \_\_\_\_\_

Additional information: How long has your child been enrolled?

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**Child Immunization Information  
Requirements for Exclusion from Compliance**

**Please initial only one** statement that applies. TX HHSC 746.611, 746.613, 746.615 & 746.623 & 746.625.

**\_\_\_\_\_** I have attached a dated and signed or stamp of physician or public health personnel verifying immunization information for my child. I understand it is my responsibility to provide FPC ECEC with an updated record when new vaccinations are received.

**\_\_\_\_\_** I have attached a signed and dated affidavit stating that I decline immunizations for reasons of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90<sup>th</sup> day after the affidavit is notarized.

For additional information regarding immunizations, visit the Texas Department of State Health Services website at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm)

Is your child on any prescribed medication for continuous or long-term use? \_\_\_\_\_

If so, why? \_\_\_\_\_

Are you concerned about your child's speech, hearing, or vision? \_\_\_\_\_

\_\_\_\_\_

**Food Allergy Information  
TX HHSC 746.3817 & 746.3819**

Does your child have diagnosed food allergies? **Yes \_\_\_\_\_ No \_\_\_\_\_**

If yes, the FARE Action plan must be submitted before the student's first school day. The FARE form must have a physician's signature and a parent's signature,  
FARE form submitted on \_\_\_\_\_ TX HHSC 746.605 (16)

TX Licensing requires students with a FARE Action plan to submit a form with a parent and physician's signature.

I understand the ECEC cannot, under any circumstances, administer medication to a child. The ECEC is not licensed to administer medications or inhalers to children. The only exception is a prescribed Epi-Pen.

**Parent Initial \_\_\_\_\_**

**Religious Exemptions for Food  
Please initial one of the following statements**

We do not have any Religious restrictions on food. **Parent Initial \_\_\_\_\_**

Following our Religion, my child abstains from the following foods. \_\_\_\_\_

\_\_\_\_\_ **Parent Initial \_\_\_\_\_**

## Americans with Disabilities Act

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. 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). 746.609 (a)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### Medical Provider Information. HHSC 746.605 (12)

In the event I cannot be reached to decide arrangements for emergency medical attention, I authorize the director or person in charge at the ECEC to obtain emergency medical care and transport my child to:

Name of licensed physician \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of emergency care facility \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

I consent to my child being transported and supervised by the operation's employees.

For emergency care: Please initial Yes \_\_\_\_\_ No \_\_\_\_\_

I give consent for the facility to secure any and all necessary emergency medical care for my child. I will assume responsibility for the resultant expenses.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

I give my permission for the ECEC to administer, if necessary, 746.605 (19)  
Please initial.

Vaseline on my child's face, arms, and legs if chapped. Yes \_\_\_\_\_ No \_\_\_\_\_

If they will be outside for an extended period, they should wear sunscreen or insect repellent (provided by their parent or guardian).

Yes \_\_\_\_\_ No \_\_\_\_\_

If my child wears a diaper, use non-medicated ointment for a diaper rash.

Yes \_\_\_\_\_ No \_\_\_\_\_

I will provide the items for my child to use and label them with their first and last name and the date of purchase.

Signature of Parent or Legal Guardian \_\_\_\_\_

**Receipt of Written Operational Policies/Parent Handbook**  
**I acknowledge receipt of the facility's operational policies.**

**Parent, please initial.**

<input type="checkbox"/> Discipline & guidance	<input type="checkbox"/> Procedures for release of children
<input type="checkbox"/> Suspension & expulsion	<input type="checkbox"/> Illness and exclusion criteria
<input type="checkbox"/> Emergency Plans	<input type="checkbox"/> Immunization requirements for children
<input type="checkbox"/> Procedures for health checks	<input type="checkbox"/> Meals & food service practices
<input type="checkbox"/> Procedures for visiting the center without securing prior approval	
<input type="checkbox"/> Procedures for parents to discuss concerns with the director	
<input type="checkbox"/> Procedures for parents to participate in operational activities	
<input type="checkbox"/> Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website.	

**Early Childhood Education Center**  
**Operational and Discipline and Guidance Policy**  
**minimum standards Section 746.501 (a) (7) per 26 Texas Administrative Code (TAC)**

My signature verifies that I have read and received a copy of the Discipline and Guidance Policy.

Student's Name: \_\_\_\_\_

Parent/Guardian Name Printed: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_

**Parent's Rights of Parent or Guardian**  
**(HRC) Section 42.04271 per Chapter 42 of the Human Resource Code**

I acknowledge I have received a written copy of my rights as a parent or guardian of a child at this facility.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



**Early Childhood Education Center at First Presbyterian Church  
Health Statement**

**Student's Full Name** \_\_\_\_\_

This child has been examined within the past year and can participate in the childcare program.  
HHSC 746.603 (a) (4)

\_\_\_\_\_  
**Physician Signature** **Date**

The varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement:

My child had varicella disease (chickenpox) on or about (date) \_\_\_\_\_ and does not need the varicella vaccine.

\_\_\_\_\_  
**Physician Signature** **Date**  
If not applicable, the physician must sign and state N/A.

**Vision Exam Results**

Right Eye 20/ \_\_\_\_\_ Left Eye 20/ \_\_\_\_\_ Pass \_\_\_\_\_ Fail

\_\_\_\_\_  
**Physician Signature** **Date**

*If a child is too young to be examined for vision, the physician must sign and indicate N/A here* \_\_\_\_\_

\_\_\_\_\_  
**Physician Signature** **Date**

**Hearing Exam Results**

Right Ear: \_\_\_\_\_ 1000 Hz \_\_\_\_\_ 2000 Hz \_\_\_\_\_ 4000Hz \_\_\_\_\_

Pass \_\_\_\_\_ Fail \_\_\_\_\_

Left Ear: \_\_\_\_\_ 1000 Hz \_\_\_\_\_ 2000 Hz \_\_\_\_\_ 4000Hz \_\_\_\_\_

Pass \_\_\_\_\_ Fail \_\_\_\_\_

\_\_\_\_\_  
**Physician Signature** **Date**  
If not applicable, the physician must sign and state N/A.

Pediatrician \_\_\_\_\_ Phone: \_\_\_\_\_

**Signatures-HHSC746.607**

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Child's Parent or Legal Guardian	Date
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Center Designee	Date
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