



**2026-2027  
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 are 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. **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/ecec](http://www.fpcmid.org/ecec) 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 17, 2026. **Initial \_\_\_\_\_**

Refund requests for May 2027 tuition must be emailed to [oortiz@fpcmid.org](mailto:oortiz@fpcmid.org) on or before Friday, May 1, 2026. **Initial \_\_\_\_\_**

### **Information Shared**

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.

### **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)

**Consent Information**

**Meals**

I understand that I will provide a nut- and seed-free lunch for my child each school day (including almond butter, sesame butter, etc.).

Initial \_\_\_\_\_

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

**Water Activities**

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

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

FPC ECEC does not participate in the following water activities: sprinkler play, splashing or wading pools, swimming pools, and aquatic playgrounds Initial \_\_\_\_\_

**Transportation**

I consent for my child to be transported and supervised by the operation’s employees

For emergency care. Initial \_\_\_\_\_

**Field Trips for 3 & 4-year-olds only**

I give consent for my child to be transported and supervised by the operation’s employees on field trips, TX HHSC 746.1801, 746.1805 Initial \_\_\_\_\_

Please note that parents of 3 & 4-year-olds may transport their child to and from field trips in their own vehicle.

I give consent for my child to participate in field trips. Initial \_\_\_\_\_

I do not give consent for my child to participate in field trips. Initial \_\_\_\_\_

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

**Social Media & Memory Books**

I consent to photos of my child being displayed on social media platforms, in the hallway or on bulletin boards, in church newsletters or services, and in the app used by 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 to use pictures for memory book pages.

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

**Ointment and Sunscreen 746.605 (19)**

I give my permission for the ECEC to administer, if necessary. Please initial.

Vaseline on my child’s face, arms, and legs if they are 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 a non-medicated diaper rash ointment.

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

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

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

**Restroom Information**

Children enrolled in our three- and four-year-old programs must be potty-trained and independent in their self-care in the bathroom 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 2026-27 school year. Is your child potty-trained?

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

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.



**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 on or before August 10, 2026. TX Licensing requires students with a FARE Action plan to submit a form with the signatures of both a parent and a physician.

FARE form submitted on \_\_\_\_\_ TX HHSC 746.605 (16)

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** \_\_\_\_\_

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

In case of an emergency, when the parent or guardian cannot be reached, call:

**Name** \_\_\_\_\_

**Address, City, State, and Zip Code** \_\_\_\_\_

**Phone** \_\_\_\_\_

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

**Authorization for Emergency or Medical Care Attention-HHSC 746.605 (12)**

In the event I cannot be reached to arrange emergency medical attention, I authorize the director or person in charge at the ECEC to take my child to:

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

Address, City, State and Zip Code \_\_\_\_\_

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

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

Address, City, State and Zip Code \_\_\_\_\_

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

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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.

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

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

**Parent, please initial each.**

- |  |   |
|--|---|
| <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. |   |
| <input type="checkbox"/> Procedures for supporting inclusive services  |   |
| <input type="checkbox"/> Promotion of indoor and outdoor physical activity, including criteria for extreme weather conditions.     |   |

**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:** \_\_\_\_\_

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

I acknowledge that 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**

**FPC ECEC Health Statement Admissions Requirements**

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

I have examined the above-named child within the past year and find that they are able to take part in the daycare program. HHSC 746.603 (a) (4)

\_\_\_\_\_  
**Health Care Professional Name**

\_\_\_\_\_  
Health Care Professional Street Address, City, State, and ZIP code

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

\_\_\_\_\_  
**Parent or Legal Guardian Signature** **Date**

**Varicella for Chickenpox**

Varicella, the vaccine for chickenpox, is not required if your child has had chickenpox disease. If your child has had chickenpox, complete the statement. My child had varicella disease, chickenpox, on or about \_\_\_\_\_ (date) and does not need varicella vaccine.

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

**Vision Exam Results**

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

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

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

**Hearing Exam Results.**

*If not applicable, the physician must sign and indicate N/A.*

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

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

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

**Signatures-HHSC746.607**

\_\_\_\_\_  
**Child's Parent or Legal Guardian** **Date**

\_\_\_\_\_  
**Center Designee** **Date**