

First Steps

CHRISTIAN PRESCHOOL

APPLICATION FORM

CHILD'S INFORMATION

Child's Name _____ Goes by _____

__ Male __ Female Birthday (mm/dd/yyyy) _____

Address _____ City _____ Zip _____

Child lives with _____ Relationship _____

Previous preschool experience _____

Church Affiliation/Membership _____

Is there anything we need to know about your child? _____

PARENT/GUARDIAN INFORMATION

Parent's relationship to each other __ Married __ Divorced __ Single
__ Separated

Father's name _____ Cell _____

Home address _____

Occupation _____ Employer _____

Work phone _____ Email _____

Mother's name _____ Cell _____

Home address _____

Occupation _____ Employer _____

Work phone _____ Email _____

MEDICAL INFORMATION

Physician's name _____

Phone _____

Insurance Company _____

Group # _____ Member ID _____

Please list any kind of medication, medical treatment, health problems, or allergies that your child might have (please include food, drug, animal, hay fever, asthma, etc.) _____

PARENT/GUARDIAN INFORMATION

1. In order to meet all legal requirements, in case of emergency, I hereby authorize a representative of First Steps Christian Preschool to give consent for any and all necessary medical care for my child.
2. I agree to abide by all of First Steps Christian Preschool's policies. I understand that I must give two-weeks notice to withdraw and the registration fee is non-refundable.
3. I give permission for my child's pictures to be put on our private social media account and on the end of the year slide show.
4. I understand that the First Steps Christian Preschool uses a Bible-based curriculum that supports the values & beliefs of First Baptist Church Manchester.
5. I have read and understand that: First Steps Christian Preschool is NOT a licensed and is NOT required to be licensed by the state of Tennessee as a child care agency.

I, _____, parent/guardian of the child on this application, have read and agree to the above statements.

Signature of parent/guardian _____

Date _____

For FSCP Use:

Date of Enrollment _____ Non-Refundable Registration fee \$100.00 Cash _____ Check _____

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PICKUP/EMERGENCY FORM

PICKUP/DROPOFF

- Sign your child in when you drop them off and sign them out when you pick them up on the clipboard outside the door.
- Our teachers will ask to see a photo ID and check the approved list if a new person is picking up your child from preschool.
- **FSCP will not release a student to anyone who is not on the authorized pick-up list, who is under 18 years of age, and who cannot produce a photo ID**—this applies to grandparents, aunts, uncles, family friends, etc.

AUTHORIZED PICKUP

Student's Name _____

My child may be picked up by:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

EMERGENCY CONTACT

Please list people below, OTHER THAN PARENTS, to be called in case of illness/early dismissal/emergency that will be available to pick up your child.

Please list in the order that you would like us to call:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Parent/Guardian Name: _____

Parent/Guardian Signature _____ Date _____