



## FIRST BAPTIST LEARNING CENTER

Dear Parents,

Thank you for allowing us to partner with you in your child's education. We are so excited about the upcoming school year. In this packet you will find admission paperwork. Please complete and return this packet by email along with a current vaccination record before April 12, 2022.

Please email paperwork to [fblcregistration@firstmckinney.com](mailto:fblcregistration@firstmckinney.com)

A few reminders:

- Include Current Immunization Record or Exemption Certificate
- Make sure all forms have required signatures
- All children will need a lunch, snack & water bottle each day. They will also need a change of clothes in a ziplock bag placed in their backpack. We like to have lots of fun and be creative. Please make sure to have your child dressed to play and get messy. (label with first and last name on all items. )
- In addition, children in the three year old and younger classes will need a nap mat. (label with first and last name- during pandemic please refer to pandemic plan for recommendations)

We are looking forward to a great year with your child!

Blessings,

Joanne Eaton  
FBLC Director

Class \_\_\_\_\_ ID# \_\_\_\_\_

(office use only)

### GENERAL INFORMATION

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ Age as of 09/01: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_ Mother's Cell Provider: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_ Father's Cell Provider: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Mother's/Father's Employer: \_\_\_\_\_

Mother's/Father's Address (if different from above): \_\_\_\_\_

### EMERGENCY CONTACT LIST

**Emergency Contact Person:** In the event that either parent cannot be contacted or cannot pick up their child, I authorize FBLC to release my child to leave FBLC only with the following persons. **Please include at least 3 contacts**, additional people may be added when needed. **All information must be included.**

<u>Name/Relation to Child</u>	<u>Full Address Required</u>	<u>Telephone No.</u>
<i>Example</i> Jane Doe/Grandmother	1615 W. Louisiana, McKinney, TX. 75069	469-452-6927
1.		
2.		
3.		
4.		
5.		

*A child will only be released from FBLC to his/her mother, father, or other persons authorized by the parents after verification of ID. In the case of divorce or separation, FBLC cannot deny parental access to a child unless copies of legal documentation stating otherwise are provided.*

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

**FAMILY INFORMATION**

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

How did you find out about FBLC? \_\_\_\_\_

Previous preschool/MDO attendance? ( ) Yes ( ) No If yes, where? \_\_\_\_\_

Are you a member of a local church? ( ) Yes ( ) No If yes, where? \_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

Are parents: ( ) Married ( ) Living together ( ) Single ( ) Separated ( ) Divorced ( ) Widowed

If separated or divorced, who has custody of the child? \_\_\_\_\_

Custody Documents on File: \_\_\_\_\_ YES \_\_\_\_\_ NO (if no, please provide copy)

Names &amp; Birthdates of siblings: \_\_\_\_\_

Pets &amp; their names: \_\_\_\_\_

Describe your child's personality: \_\_\_\_\_

Has your child been professionally tested or evaluated? N/A YES NO

If YES, by whom? \_\_\_\_\_

What are your child's favorite indoor/outdoor activities? \_\_\_\_\_

What is your favorite activity to do with your child? \_\_\_\_\_

Child's fear or habits we need to be aware of: \_\_\_\_\_

Is your child potty trained? ( ) Yes ( ) No Are they in pull ups? ( ) yes ( ) No

Please list any special words used to go to the restroom: \_\_\_\_\_

Any other information you want us to know about your child:

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**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_**ADMISSION REQUIREMENTS**

**Policies:** (Please Check ALL )

- ☐ Receipt of Parent/Pandemic Policies: *I acknowledge that I have received and read the First Baptist Learning Center Policies and will adhere to its guidelines.* (<https://www.firstmckinney.com/weekday-preschool>)

**Immunization Requirements:** (Check only ONE & please read carefully)

- ☐ I have attached a copy of my child's **Current Physician Immunization Record** with a doctor's stamp or signature.

OR

- ☐ I am excluding my child from the immunization requirements **or** delaying the recommended schedule for reasons of conscience, including religious belief. I have attached an **official notarized affidavit form** (must be an original) developed and issued by the Department of State Health Services. I understand this affidavit is valid for two years.

\*\*\*For additional information regarding immunizations, contact the Department of State Health Services at <https://www.dshs.state.tx.us/immunize/public.shtm>

- My child has had Varicella disease (chickenpox) ( ☐ ) Yes ( ☐ ) No

If YES, provide date of illness: \_\_\_\_\_

**Photo Consent :** ( Please Circle ALL) ( for more information please see parent policies)

YES / NO May we photograph your child during normal day-to-day activities or special events to be posted in your child's classroom communication platform ? ( i.e. private FB page, Remind or email)

YES / NO May images of your child be used in school newsletters or publications.

YES / NO May images of your child be used on our website, FBLC Facebook page, or in other promotional materials?

**Hearing & Vision For 4 & 5-Year Olds (State of Texas Requirement):** (Check One)

- ☐ I have attached a copy of my child's Hearing and Vision Screening results. \*\*Results for hearing must include hearing frequencies (1000, 2000, & 4000 Hertz) & vision must include distance acuity (20/20, 20/30, etc.)

OR

- ☐ I will use Speech and Language Services of North Texas, LLC to provide this service in October at First Baptist Learning Center for the approximate cost of \$10 per screening.

OR

- ☐ Hearing & Vision Requirements are not applicable to my child because he/she is under 4 years of age.

OR

- ☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

**Water Activities:** (Please Check ALL)

I give consent for my child to participate in the following water activities:

☐ water table play ☐ sprinkler play

**Nutrition :** (Please Check)

- ☐ Parent is choosing to provide the child's meals and/or snacks from home and the parent understands the child-care center is not responsible for its nutritional value or for meeting the child's daily food needs. Information on nutritional requirements can be found: [Technical Assistance Library](#)

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

# Health Admission Requirements (pg 1)

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

## MEDICAL TREATMENT AUTHORIZATION

In the event that the parent cannot be reached at a time of illness or accident, or the emergency is such that time does not permit such contact, First Baptist Learning Center, is authorized to take my child to:

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Address/Phone: \_\_\_\_\_

Medical Plan: \_\_\_\_\_ Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

I give consent for the facility to secure any and all necessary emergency medical care for my child.

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

## MEDICALLY DIAGNOSED ALLERGIES & MEDICAL NEEDS if none please mark N/A

Medically Diagnosed Allergy : \_\_\_\_\_

**\*\* Please attach an Allergy Emergency Care Plan signed by your child's allergy doctor.**

*See example on next page or for a copy go to : <https://www.foodallergy.org>*

(Please Circle ALL)- If you circle YES to any of the items below, please contact Tammy LaFratte at [tammy.lafratte@firstmckinney.com](mailto:tammy.lafratte@firstmckinney.com) to request form 7238.

Yes/No	EPI Pen needed ( RX label attached, unopened box)
Yes/No	Antihistamines needed ex. benadryl ( new/unopened)
Yes/No	Peanut Tree Free Room needed
Yes/No	Tree Nut Free Room needed

**List any special medical needs:**

\_\_\_\_\_  
\_\_\_\_\_

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



**ONLY TO BE FILLED OUT IF YOUR CHILD HAS A DIAGNOSED ALLERGY**



**FARE**  
Food Allergy Research & Education

**FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

**PLACE  
PICTURE  
HERE**

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**Extremely reactive to the following allergens:** \_\_\_\_\_

**THEREFORE:**

- ☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- ☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

**FOR ANY OF THE FOLLOWING:  
SEVERE SYMPTOMS**



**LUNG**

Shortness of breath, wheezing, repetitive cough



**HEART**

Pale or bluish skin, faintness, weak pulse, dizziness



**THROAT**

Tight or hoarse throat, trouble breathing or swallowing



**MOUTH**

Significant swelling of the tongue or lips



**SKIN**

Many hives over body, widespread redness



**GUT**

Repetitive vomiting, severe diarrhea



**OTHER**

Feeling something bad is about to happen, anxiety, confusion

**OR A  
COMBINATION**  
of symptoms  
from different  
body areas.

- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- 2. Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
- Consider giving additional medications following epinephrine:
  - » Antihistamine
  - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

**MILD SYMPTOMS**



**NOSE**

Itchy or runny nose, sneezing



**MOUTH**

Itchy mouth



**SKIN**

A few hives, mild itch



**GUT**

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE  
SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM  
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

**MEDICATIONS/DOSES**

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose: ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 4/2017



**FARE**  
Food Allergy Research & Education

**FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN**

## Health Admission Requirements (pg 2)

*One of the following must be presented when your child is admitted to FBLC or within one week of admission.*

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

**Health Statement:** (Check only one option)

- \_\_\_ Physician's Statement: I have examined the above named child within the past 12 months and find that he/she is physically able to take part in the daycare program.

\_\_\_\_\_  
*Health Care Professional's Signature*

\_\_\_\_\_  
*Date*

**OR**

- \_\_\_ A signed and dated copy of the health care professional's statement is attached.

**OR**

- \_\_\_ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

**OR**

- \_\_\_ My child has been examined within the past year by a health professional and is able to participate at FBLC. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to FBLC.

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

\_\_\_\_\_  
*Address and Phone Number of Health Care Professional*

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

## **FBLC PAYMENT POLICY**

### ***Registration/Supply***

Registration/Supply fees are NOT refundable.

Registration/Supply fees do NOT apply toward any month's tuition.

### ***Tuition***

Based on the annual budget, tuition fees are determined by the number of days scheduled for your child's class and spread over nine equal payments. \*Holidays, vacation days, and teacher work days are not counted in these scheduled days. Tuition is due on the first school day of each month. Late fees of \$25 are assessed at 2:15 p.m. on the 10th calendar day of each month. If tuition is not paid by 2:15 p.m. on the last calendar day of the month, your child's place may be filled from our wait list.

Your tuition can be paid with a Mastercard or Visa at [www.myprocare.com](http://www.myprocare.com) online payments or Tuition Express auto draft from your checking or savings account. There are no extra fees for these convenient services.

Accounts with payments returned for any reason will receive a \$25 fee to cover banking and collection costs. After two returned payments, patrons will be asked to pay with cash. There are no exceptions to this rule. A Tuition Express information form can be found at

[www.firstmckinney.com/weekday-preschool](http://www.firstmckinney.com/weekday-preschool)

For financial questions, please contact Tammy LaFratte at [tammy.lafratte@firstmckinney.com](mailto:tammy.lafratte@firstmckinney.com).

*\*Tuition does not include school pictures, FBLC t-shirt, graduation t-shirt, or occasional class party expenses.*

### ***Late Pickup Fees***

Children enrolled in FBLC that are not picked up by designated pick up time will be assessed an initial late pick-up fee of \$15, and an additional \$1 for every minute thereafter. If you are going to be late due to unforeseen circumstances please text your child's teacher and/or call 469-452-6927 to leave a message. If the child remains at the church after 4:00 p.m., we will contact local police to handle the incident.

I \_\_\_\_\_ the parent/custodian of \_\_\_\_\_  
understand and agree to the payment policy of First Baptist Learning Center.

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



## OPERATIONAL DISCIPLINE & GUIDANCE POLICY

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards 744.501(7), 746.501(a)(7), and 747.501(5).

Directions: Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

Discipline must be:

- 1) Individualized and consistent for each child;
- 2) Appropriate to the child's level of understanding; and
- 3) Directed toward teaching the child acceptable behavior and self-control

**A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:**

- 1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- 2) Reminding a child of behavior expectations daily by using clear, positive statements;
- 3) Redirecting behavior using positive statements; and
- 4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

**There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:**

- 1) Corporal punishment or threats of corporate punishment;
- 2) Punishment associated with food, naps, or toilet training;
- 3) Pinching, shaking, or biting a child;
- 4) hitting a child with a hand or instrument;
- 5) Putting anything in or on a child's mouth;
- 6) Humiliating, ridiculing, rejecting, or yelling at a child;
- 7) Subjecting a child to harsh, abusive, or profane language;
- 8) Placing a child in a locked or dark room, bathroom, or closet with the door closed or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

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

Role: ☐ Parent ☐ Caregiver/Employee ☐ Household Member (CH 747 only)

### Minimum Standards Related to Discipline

- Title 26, Chapter 746 Subchapter L:  
[https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y)
- Title 26, Chapter 747 Subchapter L:  
[https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y)
- Title 26, Chapter 744 Subchapter G:  
[https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y)

**TEACHER APPRECIATION TEAM**

Help plan & coordinate teacher appreciation week and help appreciate teachers throughout the year!

( ) Yes, I would like more information

Childs Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

