



First Baptist Friendswood  
Children's Day

111 E. Heritage, Friendswood, TX 77546  
281-482-7573 and Fax: 281-482-7148

Director: Nanette Weimer

Admission Information Fall 2024– Spring 2025

Office Use Only

Date: \_\_\_\_\_ Class \_\_\_\_\_

Date of Admission: \_\_\_\_\_

Child's Full Name Last: \_\_\_\_\_ First: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender (please check one): \_\_\_\_\_ M \_\_\_\_\_ F Date of Birth: \_\_\_\_\_

Child Lives With (please check one): Both Parents \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_ Guardian \_\_\_\_\_

Child's Home Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Child's Primary Phone Number: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Mother's Cell Number: \_\_\_\_\_

Father's Cell Number: \_\_\_\_\_

Mother's Alternate Number: \_\_\_\_\_

Father's Alternate Number: \_\_\_\_\_

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

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

Mother's Address: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Mother's City, State, Zip: \_\_\_\_\_

Father's City, State, Zip: \_\_\_\_\_

Is there a custody order on file with the State of Texas? (please check one): \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ PENDING

\*If YES, a current copy of your court order must be attached.

Attendance: My child will be in attendance (please check one):

\_\_\_\_\_ Tuesday/Thursday (9:30 am – 1:30 pm) \_\_\_\_\_ Tuesday/Wednesday/Thursday (9:30 am – 1:30 pm)

Emergency: Give the name, address, and phone of the responsible individual to call in case of an emergency if parents/guardians cannot be reached:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact and Authorization to pick up: Please list local individuals to contact in the event of an emergency. Names must match the ID shown. Rel= Relationship to child (Grandparent, caregiver, neighbor)

Legal Name: \_\_\_\_\_ Rel: \_\_\_\_\_ Phone: \_\_\_\_\_

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Legal Name: \_\_\_\_\_ Rel: \_\_\_\_\_ Phone: \_\_\_\_\_

Legal Name: \_\_\_\_\_ Rel: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize Children's Day to release my child to leave Children's Day **ONLY** with the above persons. Children will only be released to a parent or guardian, or person designated by the parent/guardian after verification of ID.

Parent Initials: \_\_\_\_\_

**Permissions (please check one):**

- **Photo Release:** Photographs taken at school are for school use but may also be used on the church social media page upon approval by a school administrator.

I hereby \_\_\_ give \_\_\_ do not give my consent for the school to take pictures of my child.

**Parent Initials:** \_\_\_\_\_

- **Social Media Release:** Pictures and videos of your child may be taken and posted on the Children's Day closed group Facebook page for parents to see school activities.

I hereby \_\_\_ give \_\_\_ do not give my consent to post my child on this Social Media platform.

**Parent Initials:** \_\_\_\_\_

- I hereby \_\_\_ give \_\_\_ do not give consent for my child to participate in water activities

(please check all that apply): \_\_\_ Sprinkler Play \_\_\_ Splash Pads \_\_\_ Water Table Play

\_\_\_ Water Slide

**Parent Initials:** \_\_\_\_\_

**Authorization for Medical Attention**

In the event I cannot be reached to make arrangement for emergency medical care, I authorize the person in charge to take

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **TO**

**Name of Physician:**

\_\_\_\_\_

**Address:**

\_\_\_\_\_

\_\_\_\_\_

**Phone:**

\_\_\_\_\_

**Emergency Care Facility:(a hospital must be listed)**

\_\_\_\_\_ **Addr**

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

\_\_\_\_\_ **Pho**

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

I give consent for my child to be transported and supervised by Children's Day employees for emergency medical care. I give consent for First Baptist Friendswood Children's Day to secure all necessary emergency medical care for my child.

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

**Medical Information**

List any special problems that your child may have such as allergies, existing ongoing illness, previous serious illness, injuries, seizures, head injuries, and hospitalizations during the past 12 months, and medications prescribed for long term continuous use, and any other information which caregiver's should be aware of, please write it in the space below: **If not applicable, initial here:** \_\_\_\_\_

**Does your child use an EpiPen for Allergic Reactions? (please check one):** Yes \_\_\_\_\_ No \_\_\_\_\_

**Allergy Action Plan Submitted on:** \_\_\_\_\_

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

**Parent Handbook of Policies and Procedures**

I acknowledge receipt of the parent handbook during the registration process that contains the facility’s operational policies and procedures, including those for:

- Discipline and guidance
- Suspension and expulsion
- Emergency plans
- Procedures for conducting health checks
- Safe sleep
- Procedures for parents to discuss concerns with the director
- Procedures for parents to participate in operation activities
- Procedures for release of children
- Illness and exclusion criteria
- Procedures for dispensing medications
- Immunization requirements for children
- Meals and food service practices
- Procedures to visit the center without securing prior approval
- Procedures for parents to contact Childcare Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website

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

**Gang Free Zone:** Under the Texas Penal Code, any area within 1,000 feet of a childcare center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

**Privacy Statement:** DFPS values your privacy. For more information read our Privacy and Security Policy online at <https://hhs.texas.gov/policies-practices-privacy#security>

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

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

\_\_\_\_\_  
**Children’s Day Director Signature**

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