



First Baptist Church Friendswood

Children's Day

111 E. Heritage, Friendswood, TX 77546

346-385-9292

Director: Pam Kutz

Admission Information Fall 2025-2026

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: _____

Legal Name: _____ Rel: _____ Phone: _____

Legal Name: _____ Rel: _____ Phone: _____

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 will be taken from time to time at school for school use. 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/Instagram 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: _____
- Children's Day Preschool will have a public Facebook page for advertising and community outreach purposes.
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
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)

Address: _____

Phone: _____

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 Church 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 caregivers 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: _____

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 Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website

Parent Signature _____

Date _____

Gang Free Zone: Under to 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

