

**THE FAMILY OF FAITH PRESCHOOL REGISTRATION FORM - 2012-2013**  
 The Family of Faith, 16710 FM 529, Houston, TX 77095, Phone 281-855-2950 Fax 281-855-8301  
 E-mail: [faith-academy@sbcglobal.net](mailto:faith-academy@sbcglobal.net) Web Site: [www.faithacademypreschool.com](http://www.faithacademypreschool.com)

# in order of receipt \_\_\_\_\_  
 Date received \_\_\_\_\_  
 Enrollment date \_\_\_\_\_



CHILD'S AGE (Office use only) (on Sept. 1, 2012)	DAYS
18 mo. - 2 yrs.	TTh MWF M-F
2 yrs.	TTh MWF M-F
3 yrs.	TTh MWF M-F
4 yrs.	TTh MWF M-F

Starting date \_\_\_\_\_

Fee	Date Received	Amount	Cash or Check	Receipt or Check Number
Registration				
Supply				
Tuition				

**Child Information:**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Present Age \_\_\_\_\_

Age on September 1, 2012 \_\_\_\_\_ Birth date \_\_\_\_\_ Nick name \_\_\_\_\_

Special needs/Allergies \* \_\_\_\_\_  
 (\*Must complete our "Life Threatening Allergy Release Form.")

Program - Indicate 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> Choice      2 day \_\_\_\_ 3 day \_\_\_\_ 5 day \_\_\_\_

My child's starting date will be \_\_\_\_\_.

**Parent Information:**

Name of Parents \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Parent/Legal Guardian Contact Information:**

Home Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Dad Work \_\_\_\_\_ Dad Cell \_\_\_\_\_

Mom Work \_\_\_\_\_ Mom Cell \_\_\_\_\_

**THE FAMILY OF FAITH ENROLLMENT RECORD - 2012-2013**  
 The Family of Faith, 16710 FM 529, Houston, TX 77095, Phone 281-855-2950



Child's Full Name \_\_\_\_\_ Sex \_\_\_\_\_  
 Name Child is Called \_\_\_\_\_ Present Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Ethnicity \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Business \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Cell Phone or Pager \_\_\_\_\_ E-mail \_\_\_\_\_  
 Mother's Driver's License # \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_  
 Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Business \_\_\_\_\_ Business Phone \_\_\_\_\_  
 Cell Phone or Pager \_\_\_\_\_ E-mail \_\_\_\_\_  
 Father's Driver's License # \_\_\_\_\_

Parent Status: Married \_\_\_ Unmarried \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_  
 If parents are separated or unmarried, who has custody of the child? \_\_\_\_\_  
 Are there any restrictions? \_\_\_\_\_  
 Church affiliation: Mother - Member of a church Y / N Where \_\_\_\_\_  
 Father - Member of a church Y / N Where \_\_\_\_\_  
 Has child been baptized? Y / N Where? \_\_\_\_\_  
 Names and ages of brothers and sisters \_\_\_\_\_

When your child is brought to school, he will be left in the presence of a staff member. Please list persons whom you approve to pick up your child and leave our facility. Your child **will not** be released to others without your specific permission. **PLEASE NOTE:** For your child's safety, we will ask to see this person's driver's license.

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

**TEACHER INFORMATION SHEET - The FAMILY OF FAITH- 2012-2013**

The Family of Faith, 16710 FM 529, Houston, TX 77095, Phone 281-855-2950

**GENERAL INFORMATION:**

Child's Name \_\_\_\_\_ Name child goes by \_\_\_\_\_  
Birthday \_\_\_\_\_ Does child have a room of his/her own? \_\_\_\_\_  
Favorite Play Activity \_\_\_\_\_ Favorite TV Program \_\_\_\_\_  
How much TV time per day? \_\_\_\_\_  
Does your child take a nap? \_\_\_\_\_ When is naptime? \_\_\_\_\_  
Is your child toilet trained? \_\_\_\_\_ Special instructions for toilet training: \_\_\_\_\_

Who does child live with? \_\_\_\_\_  
Was your child carried to full term? \_\_\_\_\_ Premature? \_\_\_\_\_  
List any complications at birth \_\_\_\_\_  
Is your child adopted? \_\_\_\_\_ Does either parent travel a lot? \_\_\_\_\_  
Any other adults in home? \_\_\_\_\_ If so, please list with relationship to child on line below:

**SOCIAL ACTIVITIES:**

Does your child attend Sunday School or Church? \_\_\_\_\_  
Is your child enrolled in special groups (music, dance, art)? \_\_\_\_\_  
How does your child get along with other children? \_\_\_\_\_  
Does your child show an interest in music? \_\_\_\_\_ Art? \_\_\_\_\_  
Is your child overly inclined to seek adult attention? \_\_\_\_\_

**EMOTIONAL RESPONSES:**

Of what things does your child show fear? \_\_\_\_\_  
Is he/she easy to manage? \_\_\_\_\_ Temper tantrums? \_\_\_\_\_  
Does he/she pout? \_\_\_\_\_ Thumb suck? \_\_\_\_\_ Bite nails? \_\_\_\_\_  
Any specific behavioral problems? \_\_\_\_\_  
Is this your child's first separation from home? \_\_\_\_\_  
What method of discipline do you use at home? \_\_\_\_\_  
How does your child react to control and corrections? \_\_\_\_\_  
In what special way can we help your child? \_\_\_\_\_  
Does he/she make friends easily? \_\_\_\_\_  
Is he/she used to playing alone or with others? \_\_\_\_\_  
Does your child have stories read to him/her? \_\_\_\_\_ By whom? \_\_\_\_\_  
Can your child sit and listen to stories? \_\_\_\_\_  
What is your child's attitude towards coming to school? \_\_\_\_\_  
Has your child attended a program like this before? \_\_\_\_\_  
Do you leave your child often? \_\_\_\_\_ Who will normally pick up your child? \_\_\_\_\_  
Family situations we may need to be aware of now and during the year (illness, adoption, divorce, new baby, loss of a loved one) \_\_\_\_\_ PLEASE KEEP US UPDATED.

**ENROLLMENT PACKET  
CHECKLIST**

**2012-2013 School Year**

**THE FAMILY OF FAITH PRESCHOOL**

A MINISTRY OF THE FAMILY OF FAITH  
16710 FM 529 Houston, TX 77095  
Phone: 281-855-2950 FAX: 281-855-8301  
Packet Received By \_\_\_\_\_  
Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

This Enrollment Packet must be completed fully and returned to Faith Academy before your child is considered enrolled.

**PACKET CONTENTS:**

- \_\_\_\_\_ Packet Checklist (pink - this sheet)
- \_\_\_\_\_ Registration form (gold)
- \_\_\_\_\_ Enrollment Record/Teacher's Info Sheet (blue - 2 sided)
- \_\_\_\_\_ Treatment for Minors and Medical Emergency Consent\*  
(green - 2 sided - Notarized)
- \_\_\_\_\_ Receipt of Operational Policies/Addendum
- \_\_\_\_\_ Life Threatening Allergy Release Form\* (neon pink)
- Schedule of Fees (keep and post FYI)

*\* Please note: This form can be notarized at Family of Faith.*

I understand that it is necessary to keep all records updated for the care of my child. I will notify Faith Academy immediately, in writing, of any changes made in any information given to you about my child. I understand that my cooperation is necessary to provide the best care possible for my child and to be in compliance with the Texas Department of Human Resources requirements.

\_\_\_\_\_  
SIGNATURE - PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

The Medical Record worksheet (gold) is due at the parent orientation which is in August. You will receive your child's room assignment that evening.

- \_\_\_\_\_ Medical Record -- (gold - 2 sided)
  - Dr. Signature(s) Required
  - Current Shot Records Required
  - Vision and Hearing Test Results (if 4 yrs. old and tests were given)



**THE FAMILY OF FAITH PRESCHOOL**

**BENADRYL PERMISSION FORM  
2012-2013**

**YOU MUST SUPPLY THE BENADRYL**

I give Faith Academy Preschool permission to give my child

\_\_\_\_\_, a doctors/parents approved dose  
of BENADRYL liquid, should the occasion come up that my child becomes  
actively allergic to something he/she comes in contact with during his/her  
stay at school. This will be done with the understanding we cannot reach the  
parent(s) or guardian at the phone numbers given on file.

PARENTS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DOSAGE AMOUNT: \_\_\_\_\_

We would like you to call your child's doctor before filling in the dosage  
amount, since it varies according to your child's age and weight.

**Put your child's name upon the box or bottle.**

**TREATMENT FOR MINORS  
CONSENT FORM**

**2012-2013 School Year**

**Sign both sides**

**in the presence of a Notary**

**THE FAMILY OF FAITH PRESCHOOL**

A MINISTRY OF THE FAMILY OF FAITH

16710 FM 529 Houston, TX 77095

Phone: 281-855-2950 FAX: 281-855-8301

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

In case of emergency, please accept this letter as authority to treat my child whose name is listed below in the event that I cannot be reached at the time of illness or accident:

Child's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Allergies: Medication \_\_\_\_\_

Food \_\_\_\_\_

Environmental/Other \_\_\_\_\_

Regularly Administered Medications \_\_\_\_\_

I/We being the parent(s) or legal guardian(s) of the above named minor do hereby appoint the following individual(s) to act in my behalf in authorizing medical, dental, surgical care and hospitalization for the above named minor in the event I cannot be reached.

(Please list persons to call in an emergency if the parents cannot be reached. Please do not list the name of a close friend who is likely to be with you when you are away from home. Also, be certain that the names you list are willing to pick up your child at school in case of an emergency.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(s) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(s) \_\_\_\_\_

Father's signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

(Both parent(s) and/or Legal Guardians must sign unless the court has appointed custody to one parent.)

In case of an accident or serious illness, I request the school authorities to contact me or those people listed above. If we cannot be reached, I hereby authorize the school administration to call the physician listed below:

**Physician:** Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

If you are unable to contact him/her, I authorize the teacher and/or administration of Faith Academy to arrange all necessary medical services for my child on my behalf. In case of emergency, I also give my consent for \_\_\_\_\_ (child's name) to be transported and supervised by Faith Academy's staff. I hereby release any adult, helper, or driver from any liability and any and all claims from any injury which might be received during this trip, whether at the destination or in traveling to or from said destination.

Please accept this letter as your authorization to use the doctor on call in the emergency room of the following hospital for any necessary medical treatment.

**Hospital:** Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

(If no hospital preference, write "NEAREST.")

Name of parent's insurance company \_\_\_\_\_

Group # \_\_\_\_\_ Identification # \_\_\_\_\_

I give permission to the emergency physician to secure proper emergency treatment and to order injection, anesthesia, or other emergency treatment if I (we) cannot be contacted. It is understood that a conscientious effort will be made to locate me or my spouse, before action is taken. But if it is not possible to locate us, I accept the expense. In the event of life-threatening emergency, I understand that "911" will be called to take my child to my preferred hospital that is listed above, if possible, or to the closest available facility.

***(Sign only in presence of a Notary)***

Parent or Legal Guardian's Signature: \_\_\_\_\_

Subscribed and sworn to, before me, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Notary Public Signature: \_\_\_\_\_



**MEDICAL RECORD**  
 (PHYSICIAN'S SIGNATURE REQUIRED  
 ON BOTH SIDES)

**THE FAMILY OF FAITH PRESCHOOL**

A MINISTRY OF THE FAMILY OF FAITH  
 16710 FM 529 Houston, TX 77095  
 Phone: 281-855-2950 FAX: 281-855-8301

**2012-2013 School Year**

Name of Child \_\_\_\_\_ Birth date \_\_\_\_\_

Name of Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Health Requirements:** This facility must have, on file, evidence that each child is physically able to take part in the preschool program, within one week of admittance.

Name of Child \_\_\_\_\_ does / does not have food allergies. The child's allergies are as follows: \_\_\_\_\_

Name of Child \_\_\_\_\_ has been examined by me within the past 12 months and is physically and mentally capable to participate in your program.

**CHILD'S LAST EXAM DATE** \_\_\_\_\_

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

Please attach a current copy of the child's immunization records to this form. This facility must have on file the dates (month, day, year) and the number of doses for each type of immunization received. If the immunizations are not current, the immunization cycle must be completed as soon as medically feasible and a note from the doctor to that effect must be put into your child's folder.

**SPECIAL SENSES SCREENING RECORD\***

**BY PHYSICIAN / SCREENER**

Visual acuity and hearing sensitivity screening are required for 4 year olds enrolled in preschool. Rescreening is only required if an abnormality was noted on the first screening.

**VISION TEST RESULTS**

Right Eye: \_\_\_\_\_ Left Eye: \_\_\_\_\_

Pass

Pass

Fail

Fail

Examiner's  
Signature: \_\_\_\_\_

(or attach a copy of child's vision results)

**HEARING TEST RESULTS**

Y = Response N = No Response

Right Ear (Hz) Left Ear  
 \_\_\_\_\_ 500 \_\_\_\_\_

\_\_\_\_\_ 1000 \_\_\_\_\_

\_\_\_\_\_ 2000 \_\_\_\_\_

\_\_\_\_\_ 4000 \_\_\_\_\_

Pass  Fail

Pass  Fail

Examiner's  
Signature: \_\_\_\_\_

(or attach a copy of child's hearing test results)

**\*PLEASE NOTE: BY STATE LAW all children four years old by September 1** must have vision and hearing screening, the results of which must be reported to the state by the school. This screening may be done by your physician and recorded on this form or through the school at a cost of approximately \$10-15.



## THE FAMILY OF FAITH PRESCHOOL MEDICAL RECORD - PAGE 2

- 1.) If your child has had chicken pox, please complete the statement:

My child had varicella disease (chicken pox) on or about (date) \_\_\_\_\_ and does not need varicella vaccine.

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Legal Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE NOTE:** Varicella (chicken pox) vaccine is not required if your child has had chicken pox disease.

- 2.) As required by the Texas Department of State Health Services, each child at an appropriate age shall be immunized against diphtheria, tetanus, poliomyelitis, mumps, rubella, rubeola, pertussis, Haemophilus influenza type b, varicella, hepatitis B, invasive pneumococcal and hepatitis A disease. It is noted that the **invasive pneumococcal and hepatitis A vaccines** were added by law in September of 2005.
- 3.) Please attach a current, signed, copy of your child's shot record.

**PLEASE NOTE:** If your child is scheduled to have shots within the year, please make note of this with your scheduled time so we can have it on file for our records. Be sure to tell the administrative staff when you return your completed papers.

- 4.) If there are any other reasons why your child is not vaccinated, please document your reasons and attach the paper to this form. Be sure to tell the administrative staff when you return your completed papers.

**This form is due by the first day of school. By law we are required to have this form. Please prepare this ahead of time. Thank you!**

If you were enrolled last year, then have the updated shots available on a separate sheet of paper.

**PLEASE NOTE:** The State of Texas requires that all of your child's immunizations must be updated and kept current throughout the entire school year

**THE FAMILY OF FAITH PRESCHOOL  
RECEIPT OF REGISTRATION PACKET & COVER LETTER  
DATED 1-23-12**

- I certify that I am the parent/legal guardian of my child(ren):  
  
\_\_\_\_\_ enrolled in Faith Academy for the  
  
2012-2013 school year. I acknowledge that it is my responsibility to keep  
  
all information and authorization pertaining to the above child(ren) current.
  
- I further acknowledge that I have received the 2012-2013 Registration  
  
Packet and Cover Letter dated 1-23-12. I agree to the conditions and  
  
criteria outlined in the Cover Letter regarding upcoming fees,  
  
due dates, consequences, and completion of forms in the Registration  
  
Packet. I will abide by the same.
  
- I also acknowledge that all payments (Tuition Installment Payments, Building  
  
Usage and Supply Fees, Late Fees, etc.) must be paid on time as outlined in  
  
the Cover Letter to avoid late charges and guarantee my child's space for  
  
the 2012-2013 school year.

\_\_\_\_\_  
Please Print Parent/Legal Guardian's Name

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date