

Please attach photo of child

REGISTRATION FORM 2013-2014
FIRST FAITH PRESCHOOL & KINDERGARTEN

Child's Full Name _____ (M F) DOB _____
Home Address _____ City _____, Texas Zip _____
Home Phone # _____ E-mail address _____
Ethnicity: Hispanic ___ Other ___ Race: White ___ Black ___ Asian ___ American Indian ___

Mother's Name _____ Father's Name _____
Address _____ Address _____
City/Zip _____ City/Zip _____
Employer _____ Employer _____
Occupation _____ Occupation _____
Work # _____ Work # _____
Cell # _____ Cell # _____
Marital Status Married ___ Divorced ___ Single ___ Separated ___ Widowed ___

- If there are special concerns/directions regarding custody, please notify the director.

Child's age on September 1, 2013 _____
Days to attend FFP&K _____ Registration Fee \$ _____ Monthly Tuition \$ _____
*See Fee Schedule for registration fee and monthly tuition amount.

EMERGENCY INFORMATION: In case of emergency, please notify if unable to contact parents/guardian (State Standard requires 2)

1. _____
Name (& Relationship) Full Address Phone #
2. _____
Name (& Relationship) Full Address Phone #

PICK UP AUTHORIZATION: The following people may pick up my child *in addition to the parents and emergency contacts* listed above:

- | | Names | Phone Numbers |
|----|-------|---------------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |

AUTHORIZATION FOR MEDICAL CARE In the event I cannot be reached to make arrangements for emergency medical care at the time of an illness/accident, I hereby authorize the FFP&K Director or her representative to take my child to:

Pediatrician Address Phone #
OR _____ OR a licensed physician.
Name of hospital

Insurance Company _____
Policy # _____

Complete the back side please! ☺

