



Child's Name: _____

Age on September 1, 2019: _____

Dear Parents,

We are excited about your family joining us here at the First Denton Weekday Education Program! This entire packet is required to secure your spot for the fall. Spots will not be held without completed packets.

Packet Contains:

- ✓ Admission Form
- ✓ Tuition Agreement
- ✓ Emergency Contact & Approved Pick-up Form
- ✓ Picture & Field Trip Release
- ✓ Medical Statement (requires Physician's signature)
- ✓ Medical Release (must be notarized)
- ✓ A Handbook (enclosed agreement must be signed and returned with this packet)

Registration and Supply Fee Information:

5 Day a Week Program: Classes begin August 14, 2019.

\$200 Non-refundable registration fee is due at this time by check or money order.

\$60 Supply Fees are also due each semester and will be added to your tuition payments through FACTS in August and January.

2 Day a Week Program: Classes begin September 3, 2019.

\$100 Non-refundable registration fee is due at this time by check or money order.

\$40 Supply Fees are also due each semester and will be added to your tuition payments through FACTS in September and January.

We use FACTS Financial Services for our payments. All future payments and fees are auto-drafted, no exceptions.

We look forward to loving and teaching your child and want to thank you for the chance to minister to you and your family. If you have any questions please contact our office.

Blessings,

Anna Allgood
First Denton Weekday Education Director
AnnaA@firstdenton.org
940-382-2570



Admission Form

(Please Print Legibly)
2019-2020 School Year

Child's Name: _____

First

Last

Middle

Name Preferred: _____ D.O.B: _____

Address: _____

Allergies/Chronic Conditions: _____

Mother's Name: _____ **Occupation:** _____

Home Phone: _____ Cell: _____

Home Address: _____

Business Phone: _____

Business Address: _____

Father's Name: _____ **Occupation:** _____

Home Phone: _____ Cell: _____

Home Address: _____

Business Phone: _____

Business Address: _____

Parent Marital Status Married Separated Divorced

If Parents separated, who has custody of the child _____

Church Attending _____



Tuition Agreement

(Please Print Legibly)
2019-2020 School Year

My child, _____, is registered with the First Denton Weekday Education Program. I understand that their tuition is due monthly at the rate listed below and I agree to setting up a family account with FACTS to automate these payments.

Please initial the class your child will be enrolled in below:

2019-2020 School Year Pricing

5 Day a Week Program (7:00am – 5:30)

_____	18 Month Old Class		\$700/month
_____	Two Year Old Class	(2 years by 9/1/19)	\$670/month
_____	Three Year Old Class	(3 years by 9/1/19 - Must be potty trained)	\$640/month
_____	Four Year Old Class	(4 years by 9/1/19)	\$620/month

*August will be prorated to ½ month's tuition.

2 Day a Week Program (Tue & Thurs from 9:00am to 2:00pm)

_____	18 Month – Pre-K	(3 and above must be potty trained)	\$225/month
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***2 day a week program does not include lunch.**

Parent/Guardian Signature _____ Date _____



Picture Release Form

(Please Print Legibly)

Each year the teachers compile pictures of the events throughout the school year for "Me Books" and holiday projects, as well as DVD's of our Fall Program. We also have a closed Facebook group that parents can join. Therefore, the First Denton Weekday Education Program will need a signed release form to allow us to take pictures of your child to be used for various projects. **If we don't receive this signed release form, your child's picture will not be included in these events.**

I hereby give my permission for First Denton's Weekday Education Program to use any picture taken of my child in a group or by himself/herself for any project and/or advertising media.

Child's Name

Parent/Guardian Signature

Date

Field Trip Permission Form

(Please Print Legibly)

Our 4's classes will be walking across the street to visit a Dentist's office in February for Dental Care Month. A note will be sent home closer to that time with the specific date of your child's field trip.

My child has permission to visit the Dentist's office for Dental Care Month.

Child's Name

Parent/Guardian Signature

Date



Emergency Contact & Approved Pick-up Form

(Please Print Legibly)

2019 Summer & 2019-2020 School Year

Child's Name: _____
First Last Middle

Mother's Name: _____ **Occupation:** _____

Work Phone: _____ Cell: _____

Email Address: _____

Father's Name: _____ **Occupation:** _____

Work Phone: _____ Cell: _____

Email Address: _____

Emergency Contact

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell _____

Please list any allergies and special needs: _____

If there are no allergies, please write "no allergies"

Parent/Guardian Signature _____ Date _____

Approved Pick Up List / Back up Emergency List

Name	Relationship	Phone Number

OR PARENT'S ONLY TO PICK UP – Initial Here _____

Parent/Guardian Signature _____ Date _____



First Baptist Denton Weekday Education Medical Permission and Release Form for Minors

Child's Name: _____ Date Completed: _____

Age: _____ Birth Date: _____ Sex(circle): Male / Female

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Father _____ Work/Cell Phone: _____

Mother _____ Work/Cell Phone: _____

Guardian _____ Work/Cell Phone: _____

Family Physician _____ Office Phone: _____

Family Dentist: _____ Office Phone: _____

Medical Insurance & Policy Number: _____

Hospital Preference: _____

Check if Student Has Had: Chicken Pox:___ Measles:___ Mumps:___ Whooping Cough: ___

Previous Serious Illness: _____ Date: _____

Current Medication(s): _____

Be advised that we do not administer any medications.

Special Diet: _____

Other Important Medical Information or Chronic Conditions _____

**I (we) hereby DO consent _____ or DO NOT consent _____ to the use of blood and/or blood products under the care of a licensed physician in the case of an emergency.

First Baptist Church Denton Ministries are designated by the abbreviation "FBCD" Throughout This Entire Form:

- I (we) hereby authorize FBCD to take my (our) child to the before named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached.
- I (we) hereby authorize FBCD to administer antibiotic ointment and sunscreen if needed.
- I (we) hereby authorize FBCD to include (our) child in supervised water activities.
- I (we) hereby authorize FBCD and its acting leaders to teach and lead my (our) child in religious lessons and services which may include prayer and Bible teaching.
- I (we) do hereby authorize any licensed physician or medical treatment center to treat my (our) child in the case of emergency in which the before named physician cannot respond.

The undersigned adult shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

The medical consent and liability waiver provisions hereof shall remain in full force and in effect until written notice of revocation or withdrawal is received by FBCD at its office. **It is the responsibility of the parent or guardian to notify the church of any changes in medical condition, guardianship, address or phone change in writing.**

Parent/Guardian Signature: _____ Date: _____

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Notary Public Information

Name _____ State of _____ County of _____

Sworn and subscribed before me this _____ day of _____, 2019

Notary Signature: _____

Notary applies to both pages of this form.