



Child's Name: \_\_\_\_\_

Age on September 1, 2021: \_\_\_\_\_

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:**

\$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.

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,

Christina Wallace  
First Denton Weekday Education Director  
[ChristinaW@firstdenton.org](mailto:ChristinaW@firstdenton.org)  
940-382-2570

For Office Use: Reg Ck # \_\_\_\_\_



# Admission Form

(Please Print Legibly)  
2021-2022 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: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent Marital Status  Married  Separated  Divorced

If Parents separated, who has custody of the child \_\_\_\_\_

Church Attending \_\_\_\_\_

Child's Shirt Size \_\_\_\_\_



# Tuition Agreement

(Please Print Legibly)  
2021-2022 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:*

## 2021-2022 School Year Pricing

### 5 Day a Week Program (7:00am – 5:30)

_____	18 Month Old Class		\$730/month
_____	Two Year Old Class	(2 years by 9/1/21)	\$730/month
_____	Three Year Old Class	(3 years by 9/1/21 - Must be potty trained)	\$700/month
_____	Four Year Old Class	(4 years by 9/1/21)	\$670/month

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

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. 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

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## 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)

2021 Summer & 2021-2022 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 \_\_\_\_\_, 2021

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

*Notary applies to both pages of this form.*