



Enrollment Packet Checklist

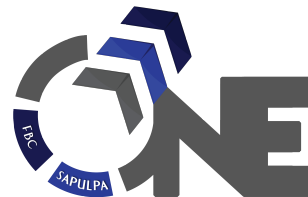
Dear Parent,

Thank you for choosing 1stFriends Christian Preschool. We know there is a lot of paper work for you to fill out but it helps to remember that this is for the protection of your child.

This checklist will help make sure you have all the forms printed and completed. Please feel free to call or email if you have any questions about this packet. All paperwork and fees **MUST** be turned in **BEFORE** your child's first day of school.

1. ☐ Enrollment Form
2. ☐ Immunization Record
3. ☐ Medical Release & Emergency Treatment
4. ☐ Media Release
5. ☐ Get to Know Me Form
6. ☐ Parent Handbook Agreement
7. ☐ Tuition payment





1stFriends Christian Preschool

God's first purpose for education is for us to discover Him! In Christian education we encourage our children to love the Lord with all their hearts. Our challenge is to help our children to love God with all their minds, soul, and strength. An education not based on seeking Him is a shadow of what it could be.

Solomon writes in Proverbs 8:10-11 *"Choose my instruction instead of silver, knowledge rather than choice gold, for wisdom is more precious than rubies, and nothing you desire can compare with her."*

Tuition Cost

Enrollment Fee	\$160
August (partial month)	\$80
September - April	\$160 (each month)
May (partial month)	\$80

We will waive the enrollment fee if tuition for the year is paid in full.

We will waive 1/2 the enrollment fee if tuition for one semester is paid in full. If your family chooses to pay a year or a semester in full it is non-refundable.

Schedule 2022

8:15 am Doors Open

8:30 am Opening Prayer and Song (3's and 4's together)

8:45 am Classrooms - Attendance, Pledges, Weather, Calendar, Unit study

9:05 am Independent Learning (Children will be able to choose what he/she wants to learn from the centers offered during this time.)

10:00 am Snack Time

10:15 am Outside Discovery

11:05 am Bible Lesson

11:40 am Clean up, Line up, and Go home



Application for Admission

Child's Name _____ Known as _____

Sex _____ Age _____ Date of Birth _____ Contact Number _____

Home Address _____ City _____ State _____ Zip _____

Person(s) With Legal Custody of Child(relationship) _____

Name of Mother _____ Cell Phone _____

Email Address _____

Employer _____ Business Phone _____

Name of Father _____ Cell Phone _____

Email Address _____

Employer _____ Business Phone _____

Name of Child's Physician _____ Phone _____

Name of Hospital Preferred _____

Emergency Contact #1 _____ Relationship to Child _____

Cell Phone _____ Work Phone _____

Emergency Contact #2 _____ Relationship to Child _____

Cell Phone _____ Work Phone _____

Person(s) authorized to pick up child _____

Person *NOT* authorized to visit or pick up child _____

Other people in household (indicate relationship; e.g., brother, grandmother, etc.)

Name

Relationship

Age

Church Member _____ Where _____

Church Preference _____



Get To Know Me

Child's Name _____ Nickname _____

Birthdate _____ Favorite Snack _____

Parent Name(s) _____

Siblings Names/Ages _____

Pets/Names _____

Food Allergies _____ Other Allergies _____

Fears _____

Favorite things _____

Usually Naps _____ YES _____ NO

Potty Trained _____ YES _____ NO

Knows Colors _____ YES _____ NO

Knows ABCs _____ YES _____ NO

Can count to _____

Recognizes name in Print _____ YES _____ NO

Tell me anything else that might be helpful...



Media Release

Name of Child: _____

Name of Parent/Guardian: _____

Throughout the school year, 1stFriends Christian Preschool will publish brochures, flyers, video presentations, etc. highlighting students accomplishments such as outstanding students, contest winners, as well as information about features of our program. Most of this information is carried over to the church website for public viewing as well.

However, because of student privacy laws, we want to secure parental permission before publishing information about any child. Please understand that a child's private information (such as name, addresses, phone number, social security number) is NEVER published by 1stFriends Christian Preschool or First Baptist Church Sapulpa, nor is it released to any other agency or media outlet. The 1stFriends Christian Preschool Director controls what is distributed to the public in our publications and website. We do not, however, control what is produced by outside media sources.

I, the undersigned parent/guardian, understand that as a participant in the 1stFriends Christian Preschool program at First Baptist Church Sapulpa, my child may be photographed or videotaped during normal preschool group activities. These photographs or videotapes may be used in promotional material, including but not limited to flyers, newsletter, and First Baptist Church Sapulpa website. I do declare that I am the parent/guardian of the minor child listed above and do hereby give my consent for such photographs or videotapes to be used in 1stFriends Christian Preschool and First Baptist Church Sapulpa's use only. I release, discharge, and agree to hold harmless the 1stFriends Christian Preschool, First Baptist Church Sapulpa, and all agents and employees from any and all liability, claims or demands of any nature which may be incurred or arise by us or my child by use of such published materials.

Please initial one of the following and sign below:

_____ I **give** permission for my child's photograph/video to be used for school/church-related public media and the church's website.

_____ I **do not give** permission for my child's photograph/video to be used for school/church-related public media or the church's website.

Signature of Parent/Guardian

Date



Medical Release/Emergency Treatment

Child's Full Name (print) _____ Date of Birth _____

In an emergency, I authorize in my absence, the above-named child be admitted to any emergency medical care center for diagnosis and treatment. I hereby give my permission for 1stFriends Christian Preschool to transport my child to any facility for any needed treatment to be provided upon the advice of a physician, surgeon, or dentist licensed to practice medicine under the laws of the State of Oklahoma. IN GIVING THIS CONSENT, I RECOGNIZE AND UNDERSTAND that I give permission to evaluate the risks involved and to select the necessary treatment from any available alternatives and to provide such care and perform such treatment as that physician, surgeon, or dentist in his professional judgement deems necessary to assure the health and safety of the above-named minor.

Date of last tetanus shot _____

List drug allergies _____

List other allergies _____

List medications taken daily _____

Pertinent information about illnesses, surgery, or chronic conditions _____

Family physician/pediatrician _____

Phone # _____

Insurance company _____

Policy # _____

Check if you child has had the following:

☐ Seizures

☐ Tuberculosis

☐ Frequent Earaches

☐ Chicken Pox

☐ Cystic Fibrosis

☐ Frequent Sore Throats

☐ Scarlet Fever

☐ Cerebral Palsy

☐ Asthma

☐ Polio (disease)

☐ Surgery

☐ Frequent Headaches

☐ Rheumatic Fever

☐ Diabetes

☐ Kidney Disorder

☐ Heart Disease

☐ Muscular Dystrophy

☐ Hearing Problems

Child's Home Address _____

Street

City

State

Zip Code

Father's Name _____

Cell# _____

Work # _____

Mother's Name _____

Cell # _____

Work # _____

Nearest Relative (not parent) _____

Relationship to Child _____

Contact # _____



Revised 07-2018

Medication Release

I am the parent/guardian with legal custody/guardianship of _____, a student at 1stFriends Christian Preschool. This child may require medication to be dispersed at intervals throughout the school day. I hereby give my consent and authorize the Preschool Director, Children's Pastor, or other designated staff to:

☐ Administer _____, a non-prescription medication which I am supplying the school in accordance with written instructions of the child's physician, or as directed on the label of the medication. The dosage on the above medication for my child is as follows: _____

_____.

☐ Administer _____, a filled prescription medication which I am supplying the school in accordance with the directions for the administration of the medicine listed on the label of the medication bottle.

☐ Administer _____, a filled prescription medication which I am supplying the school in accordance with the written instructions attached of the physician prescribing the medication.

I understand that under state law, the school and its employees shall not be liable to the student or the student's parent/guardian for civil damages for any personal injuries to the student which results from acts or omissions of school employees in administering the medication I have hereby authorized.

Signature of Parent/Guardian

Date



Revised 07-2018

1stFriends Christian Preschool
A Ministry of First Baptist Sapulpa
Parent Handbook Agreement

Name of Child: _____

Name of Parent/Guardian: _____

I the undersigned parent/guardian have fully read the 1stFriends Christian Preschool Parent Handbook. I understand all rules, rates and policies that are stated in this Handbook and voluntarily sign with knowledge of its terms and conditions.

Signature of Parent/Guardian

Date

