



**First Presbyterian Preschool**  
Come Grow With Us!



**Summer Camp Registration  
2019**

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Telephone \_\_\_\_\_

Child's Home Address \_\_\_\_\_ Email address \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Address (if different than above) \_\_\_\_\_

List telephone numbers where parents/guardians may be reached while child will be in care:  
Mother's Telephone \_\_\_\_\_ Father's Telephone \_\_\_\_\_ Guardian's Telephone \_\_\_\_\_

Please give the name, address and phone number of person to call in case of an emergency if parents/guardian can't be reached:

Name	Address	Phone	Relationship
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I hereby authorize First Presbyterian Preschool to allow my child to leave the childcare operation ONLY with the following persons. Please list name and telephone number for each. Children will only be released to a parent/guardian or a person designated by the parent/guardian after verification of ID.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician: _____	Address: _____	Telephone #: _____
Name of Emergency Facility: _____	Address: _____	Telephone #: _____

I give consent for First Presbyterian Preschool to secure any and all necessary emergency medical care for my child.

\_\_\_\_\_  
Signature - Parent or Legal Guardian

**SPECIAL NEEDS STATEMENT:**

Please list any special needs your child may have, such as allergies, existing illness, previous serious illness, injuries or hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_ I understand that my child will be served a morning snack while in care. I am responsible for my child's nutritional needs and for sending a nutritious lunch each day.

\_\_\_ I have been given a copy of First Presbyterian Preschool's Parent Handbook which includes the schools operational policies and discipline and guidance.

Signature - Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Office Use Only**

Date of Admission \_\_\_\_\_ Class \_\_\_\_\_ Teacher \_\_\_\_\_  
Days \_\_\_\_\_ Time \_\_\_\_\_ Program Fee Amount \_\_\_\_\_ Paid \_\_\_\_\_  
Monthly Tuition \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_ Teacher Request \_\_\_\_\_

# First Presbyterian Preschool

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1200 South Collins  
Arlington, Texas 76010  
Phone: 817-274-4051  
Fax: 817-274-2083  
www.fppsarlington.com

## Authorization for Emergency Medical Care 2019 Summer Camp

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 Preschool Director, Sandra Ybarra, or her representative to take my child to:

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Family Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

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Hospital \_\_\_\_\_

Insurance Company : \_\_\_\_\_ Policy #: \_\_\_\_\_

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Child's Full Name \_\_\_\_\_

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Parent/Guardian Print Name \_\_\_\_\_ Parent/Guardian Signature & Date \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me the \_\_\_\_\_ day of \_\_\_\_\_.

Seal of Notary Officer \_\_\_\_\_ My commission expires: \_\_\_\_\_

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Notary Public, State of Texas

\*\*\*We recommend that you have this form notarized to make it legally binding\*\*\*

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Monthly Tuition \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_ Teacher Request \_\_\_\_\_