



REGISTRATION FORM

Little Hands Weekday Preschool (LHPS)
First Baptist Church of Burkburnett
316 E. 4th St. Burkburnett, TX 76354
940-569-1434 www.littlehandsburk.com

----- OFFICE USE ONLY ----- Date Registration paid _____ Check# _____ or online _____

Child's Legal Name:	Preferred Name:
Date of Birth:	Sex: ___ Male ___ Female
Home Address:	Zip code:

Father's Name:	Mother's Name:
Cell Phone:	Cell Phone:
Employer:	Employer:
Email address:	Email address:

In the event of an emergency and parent/guardian is unable to be reached, please contact the following:

Name:	Phone Number:
Name:	Phone Number:

I authorize LHPS to release my child to leave the facility ONLY with the following persons. Children will only be released to parent/guardian or to a person listed below after verification of ID.

Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:

Do you have a church home or membership? If so, where?

How did you find out about our Preschool?

1. ___ I give consent for my child to participate in field trips by walking to a facility within a few blocks
___ I DO NOT give consent for my child to participate in field trips.
2. ___ I give consent for my child to participate in water play such as water table, sprinkler....
___ I DO NOT give consent for my child to participate in water play.
3. ___ I understand that the Morning snack is provided by LHPS and **lunch is sent from home.** (You will be able to send a Birthday Snack)
4. ___ I understand that LHPS is **NOT** a peanut free facility.

5. ____ In the event I cannot be reached to make arrangements for emergency medical care, I give consent to any representative of LHPS to administer first aid and/or call 911 to take my child to URHCS 1600 11th St. Wichita Falls, Texas.

____ I DO NOT give consent for LHPS to take my child to URHC in an emergency if I cannot be reached.

6. ____ I understand that there are additional documents (sent at a later date) required by Texas Child Care Licensing to be returned prior to my child attending LHPS.

7. ____ I acknowledge my child is independently and fully potty trained and ready to be separated from parent/guardian.

8. ____ I understand the **non-refundable Registration Fee** of \$200.00 per child (\$150 for additional sibling) is due with this application.

9. ____ I understand I am registering my child for classes Tu/We/Th 8-1:00 9/5/23 – 5/23/24 for a monthly tuition of \$175.00.

Signature: _____ Date: _____