**REGISTRATION FORM**

- - - - - - OFFICE USE ONLY - - - - - - - -

Date Registration paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check#\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Little Hands Weekday Preschool (LHPS)

First Baptist Church of Burkburnett

316 E. 4th St. Burkburnett, TX 76354

940-569-1434 [www.littlehandsburk.com](http://www.littlehandsburk.com)

|  |  |
| --- | --- |
| 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: |

|  |  |
| --- | --- |
| Name: | Phone Number: |
| Name: | Phone Number: |

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

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 to family: | Phone: |
| Name: | Relationship to family: | Phone: |
| Name: | Relationship to family: | 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 may 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 $175.00 per child ($100 for additional sibling) is due with this application.

9. \_\_\_\_\_\_ I understand I am registering my child for classes Tu/We/Th 8-1:00 9/6/22 – 5/18/23 for a monthly tuition of $175.00.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_