



Bayshore Early Education 2016-2017

Starting Date _____

Child's Name _____

Age _____ Date of Birth _____ Gender _____
Last First Middle To be called

Address _____ City _____ Zip Code _____

Home Phone _____ Email _____

*****Age as of September 1, 2016*****

_____ Toddler (12 months-24 months)	_____ Tuesday	_____ Thursday
_____ Younger Two (24-30months)	_____ Tuesday	_____ Thursday
_____ Older Two (31-36 months)	_____ Tuesday	_____ Thursday
_____ Three	_____ Tues/Thurs	_____ Tues/Wed/Thurs
_____ Four/VPK	(Mon, Tues, Wed, Thurs)	
_____ Four/Non-VPK	(Mon, Tues, Wed, Thurs)	

Mother's Name _____
Occupation _____
Cell Phone Number _____
Work Number _____

Father's Name _____
Occupation _____
Cell Phone Number _____
Work Number _____

EMERGENCY CONTACTS (At least **two local** contacts, other than parents, permitted to pick up your child)

Name	Phone #	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Any special concerns that we should be aware of: allergies, health issues, fears, custody issues, etc.?

Please list medications child is currently taking _____

Previous preschool experience (name of school and length of attendance)

Other Children or Adults living in home:

Name:	Age:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

May our church contact your family? (Optional) _____

Who may we thank for your referral? _____

Initial

	A current Physical Examination (Form 3040) and Immunization Record (Form 680 or 681) are required within 30 days of enrollment. Section 62C-22.006(2), F.A.C.
	I have received a copy of the Child Care Facility Brochure, "KNOW YOUR CHILD CARE CENTER". Section 402.3125(5), F.S.
	I have been notified in writing of the disciplinary practices used by the Child Care Facility. (Included in Family Handbook) Section 65C-22.006(4) (c) 2, F.A.C.
	I have received a Family Handbook or have access to it online and will read it.
	I give permission for my child's teachers to take him/her on on-site field trips to FBCN buildings and grounds.
	Tuition <u>must be received on the first school day</u> of each month. <u>If tuition is not received by the 8th</u> of that month, a \$25 late fee must be added. <u>After the 15th of the month</u> , the account will be delinquent and referred to the Church Financial Office. I understand that FBCN BEE reserves the right, to ask me to make alternative arrangements for the care of my child, should my tuition remain unpaid. Monthly rates will be constant, regardless of holidays, school closings, and absentee days.
	In order to register my child, I understand that I must complete the enclosed forms and pay the registration/supply fee of \$125. This fee is non-refundable.
	It is the policy of FBCN BEE to prohibit discrimination in acceptance of students to its program based upon race, color, gender, national origin or religious preference. Reasonable accommodation will be made for children with disabilities.
	I grant permission for my child to be assessed.
	I authorize the First Baptist Church Niceville Bayshore Early Education and those acting with its permission and under its authority, to use and publish recognizable images of my child in any medium deemed appropriate, but not limited to: Church Web Pages, Newspaper, TV, Multimedia Presentations, Professional Journals, Brochures, Classroom use/display, Class password protected Website (if applicable).
	It is understood and agreed the FBCN BEE will conduct all field trips for the sole benefit and education of the students enrolled. I, therefore, release and hold harmless FBCN BEE, its agents or designees, from any and all liability including personal injury that might occur in connection therewith.
	I grant permission for my child to participate in food related activities. (For example: classroom cooking projects, gardening, parties, birthdays, school wide celebrations, etc.) 65C-22.005(1)(c)2

By signing below, you verify that you have received and read the above items and that all information on this enrollment form is complete and accurate.

Signature of Parent/Guardian

Date



BAYSHORE EARLY EDUCATION
Medical Release Information
August 1, 2016 – August 31, 2017

Please **PRINT** all information

NAME _____ DATE OF BIRTH _____ AGE _____

ADDRESS _____

CITY _____ ZIP _____ PHONE _____

PARENTS/GUARDIANS' NAMES _____

(Mother)-Home Phone: _____ Cell Phone: _____ Work Phone: _____

(Father)-Home Phone: _____ Cell Phone: _____ Work Phone: _____

DOCTOR _____ ADDRESS _____ PHONE _____

HEALTH HISTORY:

Allergies _____ Insect Stings/Bites _____ Drugs _____ Other _____

Other Conditions: _____ Heart Condition _____ Epilepsy _____ Chronic Asthma
_____ Hay Fever _____ Frequent Colds _____ Frequent Stomach Upsets
_____ Physical Handicap

If you checked any of the above or child has other chronic conditions, please give details (i.e., include normal treatment of allergic reactions):

Date of last Tetanus shot: _____

Name and dosage of any medications: _____

Any activity restrictions: _____ Yes _____ No

What restriction: _____

Local Emergency Contact (other than parent): _____ Relationship _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address _____

Local Alternate Emergency Contact (other than parent) _____ Relationship _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address _____

**FIRST BAPTIST CHURCH OF NICEVILLE
LIABILITY RELEASE FORM (POWER OF ATTORNEY)
August 1, 2016 – August 31, 2017**

In consideration for being accepted by First Baptist Church of Niceville for participation in all trips, fellowships, activities, recreational events and regularly planned events from August 1, 2016 to August 31, 2017 we (I) being 21 years of age or older, do for ourselves (myself) and for and on behalf of my child participant (if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless First Baptist Church of Niceville and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child participant that occur while said child is participating in the trip or activity. In addition, said church has permission to utilize any photographs or videos taken of participants for publicity or training purposes.

Furthermore, we (I) and on behalf of our (my) child-participant hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved herein.

Further authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further agrees to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. If the participant has not attained the age of 21 years:

We (I) the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said activities and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment including but not in limitation to emergency surgery or medical treatment, and assure the responsibility of all medical bills, if any. I hereby authorize personnel to give basic first aid as well.

Further should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we (I) hereby assume all transportation costs.

Type or print name of participant

Member of FBCN: ____ Yes ____ No If no, do you attend a church and where _____

Medical Insurance

Policy Number

Father Signature - IN NOTARY PRESENCE ONLY

OR Mother Signature - IN NOTARY PRESENCE ONLY

Legal Guardian Signature - IN NOTARY PRESENCE ONLY

State of Florida, County of Okaloosa

The foregoing instrument was acknowledged before me: _____
Signature of Notary

This _____ day of _____, 20____.

Personally known _____ OR produced identification _____

Type of identification produced _____