



**Enrollment Packet**  
**2011-2012**

Sprouts Preschool at First Baptist Church of Hurst

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Parents' Relationship to Each Other  Married  Divorced  Separated  Single

Child Lives with (please check all that apply):

Mother and Father  Mother  Father  Other \_\_\_\_\_

Father's Name \_\_\_\_\_ Driver's License \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Driver's License \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you a member of First Baptist Church Hurst? Yes  No

Family Religious Preference \_\_\_\_\_

How did you find out about our program \_\_\_\_\_

Please list at least one person who will be available to assume responsibility for your child in an emergency in which parents cannot be reached.

Name \_\_\_\_\_ Driver's License \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Release of Child**

I authorize that my child, \_\_\_\_\_, be released by **Sprouts Preschool** to the following persons, in addition to those already listed on this form.

Name \_\_\_\_\_ Driver's License \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Driver's License \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Driver's License \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

**Child's Health Information**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_  
Physicians Name \_\_\_\_\_ Office Phone \_\_\_\_\_  
Office Address \_\_\_\_\_

**Health Information**

Please mark only those conditions that are applicable to your child. Attach a sheet to this form to provide additional health information if necessary.

Asthma _____	Diabetes _____	Ear Tubes _____
Hearing Loss _____	Heart Condition _____	Hemophilia _____
Orthopedic _____	Respiratory _____	Seizures _____
Urinary _____	Vision Defect _____	

Known Allergies (i.e. food, drugs, plants, etc.)

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

Hospitalizations/Operations

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

Other Serious Illnesses \_\_\_\_\_

Immunizations are current: Yes \_\_\_\_\_ No \_\_\_\_\_

Any Medications/Drugs taken regularly by this child

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

**\*Please attach a photocopy of your child's most recent immunization record.\***

Notarization Required

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

In order to meet all legal requirements, I hereby authorize a representative of the Sprouts Preschool at FBC Hurst to give consent for any and all necessary medical care for my child, \_\_\_\_\_, while said child is in said individual's custody.

\_\_\_\_\_  
Signature of Parent or Guardian

I, the parent of the above named child, hereby give my approval for our child's participation in activities at Sprouts Preschool at FBC Hurst. I assume all risks and hazards incidental to such participation. I do hereby waive, release, absolve, indemnify and agree to hold harmless Sprouts Preschool at FBC Hurst, the teacher, organizers and sponsors for any claim arising out of an injury to my child.

\_\_\_\_\_  
Signature of Parent or Guardian

**SUBSCRIBED AND SWORN TO BEFORE ME**  
**THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_ **20**\_\_\_\_

**NOTARY** \_\_\_\_\_  
\_\_\_\_\_

**COMMISSION EXPIRES** \_\_\_\_\_  
**DATE OF** \_\_\_\_\_ **COUNTY OF** \_\_\_\_\_