



ECEC CHILD INFORMATION FORMS
TX-HHS-C 746.601-607
THHS Form 2935

This registration form must be completed in its entirety and returned to the ECEC before your child's first day of enrollment. A copy of this form will be kept on file and given to your child's teacher to support your child in their development.

Child's Full Name _____

Child's Date of Birth _____ Age as of Sept. 1st _____

Child's Nickname _____ Home Telephone # _____

Address _____

City _____ State _____ Zip _____

School Year _____ Director's Name _____

Admission Date _____ Withdrawal Date _____

My child is in care the following days & times, please initial.

Tues/Thurs 9 am-2pm _____ Tues/Wed/Thurs 9 am-2 pm _____

Tuition ACH form submitted online please list date: _____

ACH Form can be found online at www.fpcmid.org/ecec under tuition & registration

Tuition 2 Days-\$270.00 per child per month. Supply Fee 2 Days-\$50 per child per semester.

Tuition 3 Days-\$400.00 per child per month. Supply Fee: 3 Days-\$75.00 per child per semester.

May 2025 Tuition is prepaid to finalize enrollment and will be drafted from the ACH account on Wednesday, March 27. Parent Initial: _____

Refund request of May 2025 tuition must be made by email to oortiz@fpcmid.org on or before Wednesday, May 1, 2024. Parent Initial: _____

Parent's Name _____ Date of Birth _____

Occupation _____ Telephone # _____

Parent's Name _____ Date of Birth _____

Occupation _____ Telephone # _____

Name of Person Completing Form _____

Address of Parent or Guardian (if different from the child's)

Child lives with:

Both Parents _____ Mom _____ Dad _____ Guardian _____

Who has custody of the child? _____

Custody documents on File. N/A _____ Yes _____ No _____

Other adults living with family or who share child rearing _____

Other children in family (name & age) _____

Has your child attended another school? _____

If yes, reason for leaving: _____

Sleep and nap habits _____

Any special fears? _____

Is your child potty trained? _____

Potty habits (uses special words, needs help, etc.) _____

Favorite toys _____

Do you have a pet? (name, kind) _____

Is your child enrolled in any group activities? _____

Describe the type of discipline you have found most effective with your child:

In what ways do you expect our program to help your child? _____

What special activities would you like to see your child experience? _____

Do any of your family members have a hobby, talent, or special interest to share with the school children? (music, profession, etc.) _____

How did you hear about us? FPC Covenant Partner (Member) _____

FPC Website _____ Family/Friend _____ Other _____

Under Texas Penal Code 42 any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties by law.

TXHHSC values your privacy. For more information on TX state licensing privacy policies please visit: www.hhs.tx.gov/policies-privacy

The ECEC will only share your name, email and phone number to the room parent in your child's classroom. The ECEC will not share any contact information with other families.

Local Emergency Contact

Name, phone number and address of two individuals other than parent who should be contacted in an emergency when parent cannot be reached. Individuals must be a local resident. HHSC 746.603 (6), 746.605.

1. Name _____

Address _____

Phone _____

Relationship to child _____

2. Name _____

Address _____

Phone _____

Relationship to child _____

Please initial:

I understand that I will provide a nut/seed free (this includes almond, sesame butters etc.) lunch for my child each school day.

I understand I will provide nut-free am/pm snacks when assigned by my child's teacher for the class.

I give consent for my child to participate in water table play. HHSC 746.605

Yes No

I give consent for my child to be transported and supervised by the operation's employees

For emergency care: Yes No

On field trips-3 & 4-year old's only Yes No N/A

Comments: _____

I give consent for my child to participate in field trips-3 & 4-year old's only.

Yes No N/A

I give consent for photos of my child to be displayed on social media platforms, in the hallway or bulletin boards, in church newsletters or services & or on the app used between the school or teachers and families.

Yes No

I agree to waive any photo considerate dues.

Yes No

I give permission for ECEC staff to use their personal cell phone to take photos and video recordings to be used for the sole purpose of school or parent communication.

Yes No

Please initial **only one** statement that applies. HHSC 746.611, 746.613, 746.615 & 746.623 & 746.625.

I have attached a dated and signed or stamp of physician or public health personnel verifying immunization information for my child. I understand it is my responsibility to provide FPC ECEC with an updated record when new vaccinations are received.

☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.

For additional information regarding immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm

Is your child on any prescribed medication for continuous or long-term use? _____

If so, why? _____

Do you have any concerns about your child's speech, hearing, or vision? _____

Child's special need care. **Please check all that apply.**

_____ Environmental allergies

_____ Food intolerances

_____ Limitations/restrictions on child's activities (see parent handbook)

_____ Existing Illness

_____ Previous serious illness

_____ Reasonable accommodations or modifications

_____ Injuries and hospitalizations (past 12 months)

_____ Symptoms or indications of complications

_____ Adaptive equipment (included instructions below)

_____ Medications prescribed for continuous long-term use

Explain any needs selected above:

Does your child have diagnosed food allergies? HHSC746.3817 & 3819

Yes ☐ No ☐ FARE Action plan submitted on _____ 746.605 (16)

TX Licensing requires students with a FARE Action plan must have both a parent and physician signature on their submitted form.

I understand the ECEC cannot, under any circumstances, administer medication of any kind to a child. The ECEC is not licensed to administer medications or inhalers to children. The only exception is a prescribed Epi-Pen.

Parent Initial _____

Child day care operations are public accommodations under the American with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY). 746.609 (a)

Parent Signature

Date

Medical Provider Information. HHSC 746.605 (12)

In the event I cannot be reached to decide arrangements for emergency medical care, I authorize the person in charge at the ECEC to obtain emergency medical care and transport my child to:

Name of licensed physician _____

Address _____

Phone Number _____

Name of emergency care facility _____

Address _____

Phone Number _____

I give consent for the facility to secure any and all necessary emergency medical care for my child. I will assume responsibility for resultant expenses.

Parent signature: _____ Date: _____

I give my permission for the ECEC to administer if necessary-HHSC 746.605 (19)

Please initial _____

Vaseline on my child's face, arms, legs if they are chapped. Yes _____ No _____

Sunscreen/insect repellent (provided by parent/guardian) if they are going to be outside for an extended period.

Yes _____ No _____

If my child wears a diaper, to use non-medicated ointment for a diaper rash.

Yes _____ No _____

I will provide the items for use by my child and label them with their first and last name and the date of purchase.

Signature of Parent or Legal Guardian _____

Health Statement

This child has been examined within the past year and is able to participate in the childcare program. HHSC 746.603 (a) (4)

Physician Signature

Date

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chicken, pox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need the varicella vaccine.

Physician Signature

Date

If not applicable, physician must sign and state N/A

Vision Exam Results:

Right Eye 20/____ Left Eye 20/____ Pass ____ Fail ____

Physician Signature

Date

Hearing Exam Results:

Right Ear: _____ 1000 Hz _____ 2000 Hz _____ 4000Hz _____

Pass ____ Fail ____

Left Ear: _____ 1000 Hz _____ 2000 Hz _____ 4000Hz _____

Pass ____ Fail ____

Physician Signature

Date

If not applicable, physician must sign and state N/A

Pediatrician _____ Phone: _____

Receipt of Written Operational Policies/Parent Handbook. **Parent please initial.**

<input type="checkbox"/> Discipline & guidance	<input type="checkbox"/> Procedures for release of children
<input type="checkbox"/> Suspension & expulsion	<input type="checkbox"/> Illness and exclusion criteria
<input type="checkbox"/> Emergency Plans	<input type="checkbox"/> Immunization requirements for children
<input type="checkbox"/> Procedures for health checks	<input type="checkbox"/> Meals & food service practices
<input type="checkbox"/> Procedures for visiting center without securing prior approval	
<input type="checkbox"/> Procedures for parents to discuss concerns with the director	
<input type="checkbox"/> Procedures for parents to participate in operational activities	
<input type="checkbox"/> Procedures for parents to contact Child Care Licensing (CCL). DFPS, Child Abuse Hotline, and CCL website.	

Signatures-HHSC746.607

<hr/>	
<input type="text"/>	<input type="text"/>
Child's Parent or Legal Guardian	Date
<hr/>	
<input type="text"/>	<input type="text"/>
Center Designee	Date