Friendship CORNER Christian Preschool

Admission Information Form

)peration Name:	Director's Name:	
:hild's Full Name:	Child's Date of Birth:	Child Lives With: Both Parents ☐ Mom ☐ Dad ☐ Guardian ☐
Child's Home Address:	City:	Zip Code
Date of Admission:	Date of Withdrawal:	
Parent 1 Name:	Address (if different from child)	City/State/Zip Code
Work Phone:	Cell Phone:	Email:
Parent 2 Name:	Address (if different from child)	City/State/Zip Code
Work Phone:	Cell Phone:	Email:

Give the name, address and phone number of responsible individual to call in case of an emergency if parents/guardian cannot be reached:

Name: Phone Number: Relationship:

Address:

Release Permission: I authorize the child care center to release my child to leave the child care operation ONLY with the following persons. Please list the name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification.

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

Child's Name: _____

ays and Times in Care: My child will be in care on the following days and times

londay from _____ to _____

uesday from _____ to _____

Vednesday from _____ to _____

hursday from _____ to _____

riday from _____ to _____

Field Trips: I _____ give _____ do not give consent for my child to participate in field trips.

Comments:

Water Activities: I give consent for my child to participate in the following water activities:

☐ water table play ☐ sprinkler play ☐ splashing/wading pools

Facebook Permission: FCCP has a public (**Friendship Corner Christian Preschool at FUMC Celina**) and a private (**Friendship Corner Christian Preschool Families**) Facebook page. Please mark all that apply:

_____ I give FCCP permission to use my child's photographs on their PUBLIC Facebook page.

_____ I give FCCP permission to use my child's photographs on their PRIVATE Facebook page.

_____ I do not give FCCP permission to use my child's photographs on their PUBLIC OR PRIVATE Facebook pages.

Medical Information

Health History:

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term use, and any other information which caregivers should be aware of:

Does your child have a diagnosed food allergy? ☐ Yes ☐ No Food Allergy Emergency Plan submitted on _____

You must provide a food allergy emergency plan for any known food allergies that have been diagnosed by a health-care professional. The plan must be prepared by the child's health care professional and must include a list of each food the child is allergic to, possible symptoms if exposed to a food on the list and the steps to take if the child has an allergic reaction. The plan must be signed by the health care professional and parent.

Child's Name:_____

Medical Information Continued

n the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take ny child to:

Name of Physician: Phone Number: Address:

Name of Emergency Care Facility: Phone Number: Address:

I give consent for the facility to transport and secure any and all necessary emergency medical care for my child.

Parent Signature:_____ Date:_____

Admission Requirement: If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission.

Check only one option:

☐ A signed and dated copy of a health care professional's statement is attached or is already on file.

☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or a member of. I have attached a signed and dated affidavit stating this.

☐ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professionals signed statement and submit it to the child care operation.

Immunization Records: _____ Copy provided _____ Exemption from Immunizations Affidavit provided

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

Signature:_____ Date Signed_____

Requirements for Exclusion:

_____ 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.

_____ I have attached a signed and dated affidavit stating that the vision and hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Vision and Hearing: Four/Five year old-- required upon enrollment or a child's fourth birthday.

_____ I have attached a copy of my child's vision and hearing results.

_____ Vision and hearing requirements are not applicable to my child.

Parent Signature:_____ Date:_____

Health Care Professionals Statement

I have examined _____ (child's name) within the past year and find that he or she is able to take part in Friendship Corner Christian Preschool's program.

Physician's Signature:_____ Date:_____

About Your Child

Toddlers-Pre-K Only

Child's Full Name:_____ Preferred Name:_____

List a few words to describe your child:_____

Does your child have any special fears?_____

When your child is upset, what helps them calm down? _____

Our Family

My parent's names are:

_____

I have _____ brother(s) and _____ sister(s). Their names and ages are,

_____

Preschool History

Has your child attended a preschool program before?_____

If yes, for how long?_____

Favorites

Color: _____ Food:_____

Animal:_____ Song:_____

Toileting

Is your child potty trained?_____

Does your child ask to go to the bathroom?_____

Does your child need assistance with toileting?_____

Sleeping Habits

My child usually naps from _____ to _____.

My child sleep at night from _____ p.m. to _____a.m.

Does your child have a special object or particular routines that are helpful at naptime?_____

_____

Additional Information

Is there anything else about your child you feel we should know? _____

_____

_____

Parent Handbook Agreement

I hereby acknowledge that I have read the Parent Handbook online at friendshipcornerpreschool.org OR requested a copy from the office, and I am responsible for being familiar with its contents. By signing, I agree with the policies and procedures therein.

Name(s) of Student(s): _____

Parent Signature: _____ Date: _____

TEXAS
Health and Human Services

Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

Directions: Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

Discipline and Guidance Policy

Discipline must be:

1) Individualized and consistent for each child;
2) Appropriate to the child's level of understanding; and
3) Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
2) Reminding a child of behavior expectations daily by using clear, positive statements;
3) Redirecting behavior using positive statements; and
4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

1) Corporal punishment or threats of corporal punishment;
2) Punishment associated with food, naps, or toilet training;
3) Pinching, shaking, or biting a child;
4) Hitting a child with a hand or instrument;
5) Putting anything in or on a child's mouth;
6) Humiliating, ridiculing, rejecting, or yelling at a child;
7) Subjecting a child to harsh, abusive, or profane language;
8) Placing a child in a locked or dark room, bathroom, or closet with the door closed or open; and
9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Additional Discipline and Guidance Measures (Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC Chapter 744)

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:

- Ensure that the measures are considered commonly accepted teaching or training techniques;
- Describe the training and disciplinary measures in writing to parents and employees and include the following information:
  (A) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
  (B) What behaviors would warrant the use of these measures; and
  (C) The maximum amount of time the measures would be imposed;
- Inform parents that they have the right to ask for additional information; and
- Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code §261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

Signature

This policy is effective on the following date.....

Signed by: _____ Role:

◯ Parent ◯ Caregiver/Employee ◯ Household Member (CH. 747 only)

Minimum Standards Related to Discipline

- Title 26, Chapter 746 Subchapter L:
  http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y
- Title 26, Chapter 747 Subchapter L
  http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y
- Title 26, Chapter 744 Subchapter G:
  http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y

FARE FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Food Allergy Research & Education

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: ☐ Yes (higher risk for a severe reaction) ☐ No

PLACE PICTURE HERE

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

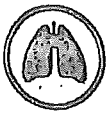
THEREFORE:

☐ If checked, give epinephrine immediately if the allergen was LIKELY eaten, for ANY symptoms.

☐ If checked, give epinephrine immediately if the allergen was DEFINITELY eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:

SEVERE SYMPTOMS



LUNG
Shortness of breath, wheezing, repetitive cough

HEART
Pale or bluish skin, faintness, weak pulse, dizziness

THROAT
Tight or hoarse throat, trouble breathing or swallowing

MOUTH
Significant swelling of the tongue or lips

SKIN
Many hives over body, widespread redness

GUT
Repetitive vomiting, severe diarrhea

OTHER
Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION
of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.

- Consider giving additional medications following epinephrine:
  - » Antihistamine
  - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

NOSE
Itchy or runny nose, sneezing

MOUTH
Itchy mouth

SKIN
A few hives, mild itch

GUT
Mild nausea or discomfort

FOR **MILD SYMPTOMS** FROM **MORE THAN ONE** SYSTEM AREA, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS** FROM **A SINGLE SYSTEM** AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

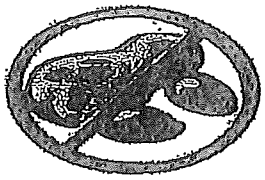
Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

_____

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE DATE PHYSICIAN/HCP AUTHORIZATION SIGNATURE DATE

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 3/2017



Dear Friendship Corner Parents,

This letter is to inform you that we have children within our school with severe peanut/nut allergies. It is important that there is strict avoidance to this food in order to prevent a life-threatening allergic reaction in our classrooms. We are asking your help to provide the students who have these allergies with a safe school environment. Any exposure to peanuts/nuts may cause a life-threatening allergic reaction that requires emergency medical treatment. To reduce the chance of this occurring, we are asking that you do not send any peanut or nut containing products to school with your child that will be eaten in the classroom. If your child has eaten peanuts/nuts before coming to school, please be sure your child's hands and face have been thoroughly washed before entering the school. Below I have listed nut free alternatives that will be safe for your children to bring to school. We appreciate your support of these procedures. Please complete and return this form so we are certain you have received this information. Please contact me if you have any questions.

Blessings,
Sharon Rimes
FCCP Director

(Parent's printed name) _____ have read and understand the peanut/nut free classroom procedures. I agree to do my part in keeping the classroom peanut and nut free.

Child's Name_____

Parent's Signature _____

Date_____

Alternatives

- Sunflower seed butter
- Cookie butter
- Coconut Butter
- Soynut butter
- All jams and jellies
- Cheese spreads/ cheese
- Any deli meats

WARNING: NO PEANUT BUTTER, ALMOND BUTTER, OR CASHEW BUTTER, AND PLEASE BE CAUTIOUS ABOUT INGREDIENTS IN PACKAGED SNACKS.

All creams will be provided by the parent with the child's name printed on the container.

Sunscreen

I, _____, give the staff of FCCP permission to apply sunscreen to my child, _____ as needed when my child is outdoors.

Diaper Rash Cream

I, _____, give the staff of FCCP permission to apply _____ cream to my child, _____ as needed for visible rashes.

Signature:_____ Date:_____

Tuition and Fee Schedule School Year

May 2026

Enrollment Fees

An annual **$275.00 non-refundable** enrollment fee is due *at the time of registration.* This fee will be applied to student supplies, classroom needs, etc. throughout the year.

Tuition rates & Schedule

Tuition is collected monthly and is due on the 1st of each month. A late payment of $35.00 is assessed if not paid by the 7th of each month. Returned checks and declined credit cards are assessed a $35.00 service charge. Tuition is subject to change with notice. Tuition is configured to cover overall costs of operation and then divided evenly over the months; therefore, rates *will not* be pro-rated **except** *the beginning days of August before school begins.* ***FCCP will offer a 3% discount on accounts paid with cash or check.***

*Please circle tuition from the chart below and select the days you wish for your child to attend each week. Students will be enrolled in a class according to their age as of **Sept. 1st** for the duration of the class. Tuition amounts are per month. Please sign and date on reverse ***

Cash/Check Accounts

	Part Time (9:00- 2:30)			Full Time (7:00- 6:00)		
	2 days	3 days	5 days	2 days	3 days	5 days
Infants (0-11 m)	$450	$590	$860	$610	$785	$1205
Older infants (12-18 m)	$420	$565	$825	$590	$750	$1165
Toddlers (18-24 m)	$385	$540	$775	$540	$720	$1110
2 years	$370	$525	$735	$525	$710	$1045
3 years	$345	$505	$675	$505	$685	$1010
4 years	$330	$480	$650	$480	$660	$970

Monday-Friday Mon/Wed/Fri Tuesday/Thursday

Debit/ Credit Card Accounts

	Part Time (9:00- 2:30)			Full Time (7:00- 6:00)		
	2 days	3 days	5 days	2 days	3 days	5 days
Infants (0-11 m)	$460	$605	$880	$630	$805	$1250
Older infants (12-18 m)	$435	$590	$8850	$605	$765	$1200
Toddlers (18-24 m)	$400	$555	$800	$560	$7750	$1145
2 years	$385	$535	$750	$545	$725	$1075
3 years	$360	$520	$695	$525	$700	$1040
4 years	$345	$495	$670	$495	$685	$1005

AM EXTENDED CARE: You may add AM extended care to your child's part-time enrollment for an additional $95 for 2 days, $130 for 3 days, or $210 for 5 days. AM extended care is from 7:00-9:00

SIBLING DISCOUNT: A **sibling discount** is given to families with 2 or more children. The discount applies to the eldest child/rens tuition only. (See Sibling Discount Rates)

HOURS OF OPERATION: Our preschool is open from 7:00 AM until 6:00 PM. **There is an early drop off fee of $2 per minute before 8:50 AM and a late pick up fee of $2 PER MINUTE after 2:30 PM or 6:00 PM.**

Parent/Child Information

Father's Name _____ Mother's Name _____ Date _____

Street Address _____ City, State, Zip Code _____ Phone # _____

Child's Name _____ Child's Date of Birth _____ Parent Email _____

Sibling Discounts

May 2026

Cash/Check Accounts

	Part Time (9:00- 2:30)			Full Time (7:00- 6:00)		
	2 days	3 days	5 days	2 days	3 days	5 days
Infants (0-11 m)	$430	$560	$820	$580	$745	$1150
Older infants (12-18 m)	$400	$540	$785	$560	$715	$1110
Toddlers (18-24 m)	$370	$515	$745	$520	$690	$1060
2 years	$355	$500	$700	$500	$675	$995
3 years	$300	$480	$645	$480	$655	$960
4 years	$315	$460	$620	$460	$635	$925

Monday-Friday Mon/Wed/Fri Tuesday/Thursday

Debit/ Credit Card Accounts

	Part Time (9:00- 2:30)			Full Time (7:00- 6:00)		
	2 days	3 days	5 days	2 days	3 days	5 days
Infants (0-11 m)	$440	$575	$840	$600	$765	$1190
Older infants (12-18 m)	$415	$560	$810	$575	$735	$1140
Toddlers (18-24 m)	$380	$530	$765	$535	$715	$1090
2 years	$365	$510	$715	$520	$695	$1025
3 years	$340	$495	$665	$500	$675	$990
4 years	$325	$475	$640	$475	$655	$955