



Registration Form 2024-2025

**Please complete entire form and return with:
Registration Fee, Supply fee, and May 2025 tuition**

For Office Use Only	
Start Date	_____
Class	_____
	M T W Th
Reg	_____ Sup _____
May	_____ Pay _____

Please Print Legibly

Toddler – 2, 3, or 4 days 2 year – 2, 3, or 4 days 3 & 4 years – 3 or 4 days Transition – 4 days

Child's Full Name _____ **Nickname** _____

Days requested (please circle): Mon/Wed Tues/Thurs Tues/Wed/Thurs Monday thru Thursday

(We will call you as soon as possible if we are not able to accommodate your request)

Age as of 09/01/2024 _____ Birthday _____ Sex (Circle One) Male Female

Mailing Address _____
Street _____ City _____ Zip _____

Home Phone Number _____

Father's Name _____ Cell # _____ Work Phone # _____

Employer _____ E-Mail _____

Mother's Name _____ Cell # _____ Work Phone # _____

Employer _____ E-Mail _____

Church Affiliation _____ Subdivision _____

Names & Ages of Siblings

Name: _____ Age _____ Name: _____ Age _____

Name: _____ Age _____ Name: _____ Age _____

Please list below persons allowed to pick up your child (Other than Mother and Father).

Name	Phone #

I understand that this child will **NOT** be released from First Steps Preschool to anyone except the persons named above. Names can be added or deleted at any time. This change must be given to the First Steps Preschool office or child's teacher **IN WRITING**.

Signature of Parent or Guardian

Date

(Continue on back)



Emergency Medical Release/Health Form

Child's Full Name _____ Birthdate _____

Parent's Names _____

Child's Allergies _____

If your child has an allergy, please fill out the Allergy Action Plan form.

If your child needs to take medication at school, please fill out the Food Allergy and/or Medication Emergency Plan.

Doctor's Name _____ Phone # _____

Doctor's Address _____

Health Insurance Name _____

Health Insurance Phone # _____ Policy # _____

List two other persons to contact in case of emergency:

1. Name _____ Relationship _____
Address _____ Phone # _____
2. Name _____ Relationship _____
Address _____ Phone # _____

Consent for Treatment

Parent consent is a legal requirement for treatment of a minor child. To authorize emergency treatment of your child in the event you are unable to be contacted.

"I _____, parent/legal guardian, hereby authorize a First Steps Preschool Staff Member to consent to medical treatment of my child _____ when I cannot be contacted. Such consent includes, without limitation, x-rays, injections, anesthetic, medical, dental or surgical examinations or treatment, and or hospital care. No prior determination of life threatening emergency or danger of treatment needs to be made under this authorization."

This authorization remains effective until _____.

Signature

PHYSICIAN'S EXAMINATION AND IMMUNIZATION RECORD

Date of Exam _____ Child's age this date ___yrs. ___mos. Height _____ Weight _____

Blood Pressure _____ Other Tests _____

I have examined the child named on this form and find that he/she **IS/IS NOT** able to participate in structure First Steps Preschool programs. I have examined the immunization record and attest that it is true and accurate listing.

Physician's signature _____ Date _____

ATTACH A COPY OF THE IMMUNIZATION RECORDS TO THIS FORM (If your child has had/will have their 4-year checkup we need the vision and hearing screening from your doctor also).

Your child cannot participate in the First Steps Preschool program until this medical information is on file.



Information Form

This is for your child's teacher in order to better serve your child.
Please place a check in the box by each phrase that applies to your child

Child's Full Name _____ Nickname _____

My child has:

- These allergies (significant to need a medical action plan on file, signed by Dr, and needs Rx or OTC medication given) _____
- These food intolerances (does NOT require medical response but may need to inform parents if exposed) _____
If exposed please state response _____
- Specific food avoidance (for personal reasons) _____
- Been hospitalized in the past 12 month for _____
- This existing/previous serious injury, condition or illness _____
- To take this long-term medication _____ for _____
- Hearing loss/difficulty
- Vision difficulties
- Speech difficulties
- Special needs or disability – please list details _____
- Currently been working with Project TYKE
- Currently been working with Early Childhood Education (ECI)

Social Development and Play Habits

- Feels comfortable talking to adults other than parents
- Has never been in preschool
- Has been in preschool for _____ years.
- Chose to leave or was asked to leave previous preschools for the following reasons:

- Has trouble separating from parents. Comments: _____
- Plays regularly with children whose ages are _____
- Plays well with others
- Enjoys quiet play
- Shy
- Favorite play activity _____
- Does not like to play with others. Comments: _____
- Enjoys active, moving play
- Outgoing

Toileting Habits – My Child:

- Is in diapers
- Is in training
- Is independent in using the toilet
- Uses the word _____ for needing to use the toilet.

Favorite Books: _____

Fears: _____

Sleeping Habits – My Child:

- Usually takes a nap at _____ a.m./p.m. and likes to go to sleep with _____
- Does not nap (bottle, pacifier, blanket, etc.)

Eating habits – My Child:

- Has a healthy appetite
- Likes a variety of foods
- Likes a limited number of foods
- Usually is not hungry
- Is on a special diet of _____ *Parents may provide all snacks in this situation.

My child is:

- Left – handed
- Right – handed
- Has not yet shown a preference for left or right handedness

My child speaks the following language: _____

Language(s) spoken at home: _____

Additional comments to get to know your child better physically, emotionally, and socially: _____



Financial Agreement

(Financial Terms and Conditions)

Please initial each statement to acknowledge acceptance of terms.

_____ I understand that the registration/supply fee is required to secure a spot for my child.
This fee is NON-REFUNDABLE and is due at the time of registration.

_____ I understand that monthly tuition fees are NON-REFUNDABLE. If tuition is prepaid by the semester
or year, a refund will be given with thirty (30) days written notice of intent to withdraw child.

_____ I understand that I will prepay May 2025 tuition. This full month payment is due at the time of
registration. This fee is NON-REFUNDABLE. It will be applied to the last month's tuition with a
30-day written notice.

_____ I understand that full tuition is due each month regardless of absences, holidays, or other school
Closings. First Steps will follow the KISD calendar with the exception of beginning dates, ending
Dates, Easter and preschool teacher workshops.

_____ I understand that there are NO "make-ups" for missed days.

_____ I understand that tuition is due on the first school day of each month. Tuition not paid by the 10th
school day of each month is subject to a \$10.00 late fee each week.

_____ I understand that on return checks or declined cards I will be assessed a \$20 charge to my child's
account.

_____ I understand that children not picked up by 2:40 will be left in after care classroom with the charges
assigned every 15 minutes.

_____ I understand that I will not be allowed to register my child for the following school year unless my
current tuition is paid in full at the time of registration.

I agree to the financial terms listed above.

Student(s) Name(s) (PLEASE PRINT)

Parent's Name (PLEASE PRINT)

Parent's Signature

Date

(Continue on back)



Permission Form

Personal Information – Photograph Release Statement – Water Play Participation

1. I give First Steps Preschool permission to release my child's name, address, and phone number to the school for parties & play date lists. Yes No

2. I give First Steps permission to take my child's pictures for use on: the First Steps/Katy's First Baptist Church Website; First Steps Facebook, and e-mail notices to Katy's First Baptist members and First Steps Families. Yes No

3. I give permission for my child to participate in water activities at First Steps Preschool. Yes No

4. I give permission for the class to share my email address with other families within my child's classroom for playdates/birthday parties. Yes No

Child's Name (PLEASE PRINT)

Parent/Guardian Signature

Date



Age-Specific Policies Agreement Form

I acknowledge and agree to abide by the age-specific policies and procedures outlined by First Steps for the benefit of a safe and conducive learning environment. I understand that these policies are designed to cater to the unique needs of each age group and contribute to the overall well-being of the students:

1. Potty Training Requirement:

I understand that three-year-olds are required to be potty trained at the start of the school year. This means that children in this age group should not be in diapers or pull-ups and should be capable of independently pulling their pants up and down in the bathroom.

2. Morning Drop-off Procedure:

I acknowledge that both three-year-olds and four-year-olds utilize the car rider line in the morning. As a result, parents do not walk their children into the classroom during drop-off unless they have younger siblings attending First Steps who need to accompany them.

3. Communication of Daily Activities:

I am aware that daily notes from teachers are provided for toddlers and two-year-olds, detailing information such as nap time, diaper changes, snacks, and lunch. However, such notes are not provided for three-year-olds and four-year-olds.

4. Variations in Nap Time:

I understand that there are differences in nap durations among age groups:

- Toddlers and Twos: 1 hour and 40 mins to 2 hours
- Threes: 1 hour to 1 hour and 20 mins
- Fours & Fives: 20 mins to 30 mins

5. Teacher and Class Request:

I understand that my request for teachers and class may or may not be accommodated depending on the situation, and all decisions are made for the best interests of all students and school.

6. Class parties:

I understand that there are class parties and events, whether with or without parents, and I will abide by the school policies and the specific requests from each classroom teacher regarding the details of each event.

By signing below, I confirm my understanding and commitment to comply with these age-specific policies.

Signature: _____ Date: _____

Signature: _____ Date: _____