
FBC Academy

Dana Hancock, Director
350 Hwy 96 South
Silsbee, Texas
409-385-3883
www.fbcacademy.net

2018-2019 Enrollment Form

The First Baptist church Academy is a Day School which strives to provide the highest quality of child development combining scholastic and Biblical values in a safe, nurturing environment. The education of each child will be achieved through setting and meeting standards of excellence in spiritual, intellectual, physical, social and emotional growth.

This is your enrollment form for the 2018-2019 school year. When you return the enrollment form with the \$90.00 **non-refundable** fee and the \$35.00 supply fee, your place is reserved.

The Academy will follow the Silsbee ISD school calendar.

If you have any questions, please call me at 385-3883.

Thank you,
Dana Hancock

ADMISSION INFORMATION

Operation Name First Baptist Academy 350 Hwy 96 S Silsbee, TX 77656		Director's Name/Office Telephone No. Dana Hancock (409)385-3883	
Child's Name		Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal	Hours and days child will be in care	
Parent's (Mother & Father) or Guardian's Name		Email Address	
List telephone numbers where parents/guardian may be reached while child will be in care:	Mother's Telephone No.	Father's Telephone No.	Gender Male Female
Give the name, address and phone number of person to call in case of an emergency if (parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			

1. **NUTRITION RELEASE:** I acknowledge that I will provide my child's meals and/or snacks from home and the Academy is not responsible for its nutritional value.

2. **RECEIPT OF WRITTEN OPERATIONAL POLICIES:** I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

Signature - Parent or Legal Guardian

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:
 In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:

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

Signature - Parent or Legal Guardian

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

T shirt Information

_____ 2-4 X Small _____ 6-8 Small _____ 10-12 Medium _____ 14-16 Large _____ Other

Signature of Parent or Legal Guardian _____

Days and Hours Child will Be In Care

	Plan 1	Monday-Thursday	8:00-12:00	\$200/month
	Plan 2	Monday-Thursday	8:00-2:00	\$275/month
	Plan 3	Monday-Thursday	8:00-4:00	\$325/month
	Kindergarten	Monday-Thursday	8:00-2:00	\$230/month
	Friday		8:00-4:00	\$25/Friday

Does your child have an existing illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous illness, injury or hospitalization during the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child potty trained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child previously attended day care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, where?		

Student Insurance Information

Primary Insurance	Policy No	Group No
Primary Insurance Phone No		
Subscriber's Name		Date of Birth
Subscriber's Relationship to Patient		

For text messaging:

Phone number _____

Phone Service Carrier _____

Church attending _____

FBC Academy Media Access Sheet

HANDBOOK

The state requires the Academy's handbook be available to parents. It can be viewed online at our web site www.fbcacademy.net or we can provide you with a hard copy. Please sign if you have internet access OR check the box to request a hard copy and one will be provided for you.

Parent signature _____ Request a hard copy _____

PERMISSION TO PUBLISH STUDENT INFORMATION

The Academy would like to put pictures of class activities/events through our Academy social media platforms so our families may see their children and the education/fun they are experiencing during the school day. Please fill out the following form.

I give permission for my child's work to be displayed through the Academy social media platforms. Yes No

I give permission for photographs of my child to be displayed through the Academy social media platforms. Yes No

I give permission for my child's name to be displayed through the Academy social media platforms. Yes No

INTERNET ACCESS (Pre K 4 and Kindergarten only)

I give permission for my child to have supervised access to the internet	Yes No
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(Parent/Guardian Signature)

(Please Print Students Name)

Emergency Phone Contacts

In case of an emergency or the need to notify a parent, this is the order that we will call.
Include parents' info if they are to be called first. Please notify the Academy as soon as possible if any numbers are changed.

<u>NAME</u>	<u>RELATION</u>	<u>PHONE</u>
1. _____	_____	_____ home _____ cell _____ work

<u>NAME</u>	<u>RELATION</u>	<u>PHONE</u>
2. _____	_____	_____ home _____ cell _____ work

<u>NAME</u>	<u>RELATION</u>	<u>PHONE</u>
3. _____	_____	_____ home _____ cell _____ work

<u>NAME</u>	<u>RELATION</u>	<u>PHONE</u>
4. _____	_____	_____ home _____ cell _____ work

<u>NAME</u>	<u>RELATION</u>	<u>PHONE</u>
5. _____	_____	_____ home _____ cell _____ work

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HEALTH REQUIREMENTS

Child's Name _____

Birthday _____

ADMISSION REQUIREMENT: One of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he/she is physically able to take part in the day care program.

Health Care Professional Signature _____

Date _____

2. A signed and dated copy of a health care professional's statement is attached.

3. 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 professional's signed statement and will submit it to the child-care operation.

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

Name and address of health care professional:

Signature - Parent or Legal Guardian

_____ Date _____