

# 2026- ENROLLMENT FIRST BAPTIST PRESCHOOL -2027

BOY \_\_\_ GIRL \_\_\_ DATE OF BIRTH \_\_\_ / \_\_\_ / \_\_\_ **CHILD'S NAME** \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ POTTY TRAINED: YES \_\_\_ NO \_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_  
MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_  
MOTHER'S WORK # \_\_\_\_\_ FATHER'S WORK # \_\_\_\_\_  
MOTHER'S MOBILE # \_\_\_\_\_ FATHER'S MOBILE # \_\_\_\_\_  
**MOTHER'S TDL #** \_\_\_\_\_ **FATHER'S TDL #** \_\_\_\_\_  
MOTHER'S OCCUPATION \_\_\_\_\_ FATHER'S OCCUPATION \_\_\_\_\_  
EMAIL \_\_\_\_\_ CHURCH HOME \_\_\_\_\_

GRANDPARENTS \_\_\_\_\_ GRANDPARENTS \_\_\_\_\_  
MOBILE # \_\_\_\_\_ MOBILE # \_\_\_\_\_

**EMERGENCY CONTACT** in case parents can not be contacted: \_\_\_\_\_  
WORK # \_\_\_\_\_ MOBILE # \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE INFO \_\_\_\_\_

**URGENT CARE OR BOERNE DOCTOR** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

CHILD'S ALLERGIES OR LIMITATIONS \_\_\_\_\_

FOOD CHILD MAY NOT EAT \_\_\_\_\_

ANY MEDICAL PROBLEMS I NEED TO KNOW ABOUT YOUR CHILD'S HEALTH? \_\_\_\_\_

PERSONALITY CHARACTERISTICS OF CHILD \_\_\_\_\_

**PASSWORD** – approximately 6 LETTERS – \_\_\_\_\_

SIBLINGS NAMES AND AGES \_\_\_\_\_

## Parental Consent and Waiver of Liability

I understand and acknowledge that the Preschool program of First Baptist Boerne is a non-profit organization oriented to the Christian and educational development of young children. As this is the stated and intended purpose of the program, I understand that the program is operated and staffed by caring individuals whose primary goal is to enrich your child in Christian Educational Development and will take care of them with the utmost concern for their health and safety.

I understand and appreciate fully the inherent risks of church functions, activities, field trips, and events involving young children. I have been advised by this instrument that there are inherent risks involved in such activities such as physical injuries and exposure to diseases including but not limited to viral and bacterial infections such as the flu and Covid19 (the Coronavirus). I hereby give this consent and authority for my child to participate in all functions, field trips, activities, and events conducted by the FBC Boerne Preschool Ministry and do so willingly with knowledge of such risks and uncertainties. I herein expressly release and hold harmless First Baptist Church Boerne and its paid staff and volunteers from any and all liability involved in the activities described herein. I voluntarily release the First Baptist Boerne and its paid staff and volunteers from any and all loss or damages or actions or causes of action for personal injury or property damage occurring to my child(ren) as a result of my child(ren) engaging in the functions, activities, and events including transportation that may be provided by the Church, unless the damage or injury are caused by the willful misconduct or gross negligence of one of the aforementioned individuals.

For the safety and welfare of all participating children, I commit that I will not send my child to Preschool sick or with an illness with recognizable symptoms of an illness, including but not limited to, a fever over 100, a persistent cough, sneezing, diarrhea, or with other symptoms of an illness, including symptoms of COVID19.

Unless otherwise prohibited by me in writing, I give my permission for my child to be photographed at Preschool for use in class projects, newspaper articles about Preschool events, or news about the Preschool to possibly be on the Church website.

In the event I cannot be reached to make arrangements for emergency medical attention at the time of an illness or accident sustained by my child named above, I hereby authorize the Preschool Director or a Preschool Teacher to transport my child to our Doctor as indicated on the Enrollment Form or to the nearest Medical facility for treatment.

**MOTHER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FATHER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

FBC PRESCHOOL Current year teacher \_\_\_\_\_ Or previous school enrolled \_\_\_\_\_

**ATTACH WALLET SIZE PHOTO OF CHILD, CURRENT SHOT RECORD, & REG. FEE**