



<b>Enrollment Date:</b> _____
<b>Withdrawal Date:</b> _____

.....

# First Wings

.....

# Enrollment Form

.....

**Admission For The School Year Of**

\_\_\_\_\_ **To** \_\_\_\_\_

**Statement of Non-Discrimination**  
 First Wings Inc. admits children of any race, color, nationality and/or ethnic origin to all rights, privileges, programs and activities generally accorded or made available to children enrolled at the school. It does not discriminate on the basis of race, color, nationality and/or ethnic origin in the administration of its educational policies, admissions policies, financial aid programs or other school-administered programs.

**Please provide ALL requested information. One enrollment form per child.**

To comply with State Licensing Laws and NAEYC, ALL sections of this form must be completed before we can accept any child for care, unless noted optional.

-----

*File Information: For Registrar's Use Only*

<input type="checkbox"/> Tour Completed	<input type="checkbox"/>	<input type="checkbox"/> Physician's Health Statement
<input type="checkbox"/> Completed Enrollment Form	<input type="checkbox"/>	<input type="checkbox"/> Registration & Membership Fee
<input type="checkbox"/> Shot Record	<input type="checkbox"/>	<input type="checkbox"/> First & Last Week Paid

16606 John F. Kennedy Blvd. • Houston, Texas 77032  
 Phone: (281) 230 – 5396 • Fax: (281) 230 – 5397  
 Email: [info@FirstWingsLearningCenter.net](mailto:info@FirstWingsLearningCenter.net)  
<http://www.firstwingslearningcenter.net>

## Child's Information

Child's Name: \_\_\_\_\_ Sex: M F DOB: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Pass Code (4 digits): \_\_\_\_\_

Ethnicity (optional):  Caucasian  African-American  Hispanic  Asian  Other: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Parent(s) or Legal Guardian(s) Information

Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Authorized to Pick Up: Yes No

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email (optional): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Authorized to Pick Up: Yes No

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email (optional): \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*\*When a parent is NOT authorized to pick up we MUST have a copy of court order documentation. In the case of divorce or legal separation are you: \_\_\_ Managing Conservator, \_\_\_ Possessory Conservator, \_\_\_ Legal Guardian.*

**In the event that we cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to the nearest emergency facility for treatment deemed necessary by the medical attendant. (both must sign)**

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

# Authorized to Pick Up Child and/or to be Contacted in Case of an Emergency

*When Parent Cannot be Reached*

Please list the **name** and **relationship** to child (family member, friend, sitter, etc.), **phone** numbers, **address** (if different from child's) and **driver's license** (DL#) number of all adults (in addition to the parents/legal guardians) who have your permission to pick up your child, be contacted in case of an emergency and the parents cannot be reached, and have permission to access health information about your child at First Wings. Children may not leave First Wings unless accompanied by an adult. Parent's names do NOT need to be listed. **Both must sign.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ DL#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ DL#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ DL#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ DL#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ DL#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email (optional): \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

# Authorization for Emergency Medical Attention:

## Medical Treatment Release (Both Parents/legal guardians must sign)

In the event our child, \_\_\_\_\_, becomes ill or sustains an injury while in the care or under the supervision of a staff-member or member-parent/legal guardian at First Wings Inc., we hereby authorize representatives of said school to give consent for any and all necessary emergency medical care. In consideration of this necessary emergency medical care, I agree to hold First Wings Inc., its employees, members and volunteers free from any liability (both jointly and severally) for any injuries my child may sustain while being treated in accordance with said medical staff to transport my child to (insert name of hospital)

\_\_\_\_\_. In the absence of a preference, your child will be taken to Memorial Hermann Northeast.

**My child has a regular physician.**

Name of Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**My child does not have a regular physician. We use any doctor on duty at the clinic/hospital.**

Clinic/Hospital: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## Insurance Information

Is your child covered by any medical insurance policy (circle one)? Yes No

If yes, Insurance Co.: \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy # \_\_\_\_\_

## Health Information

1. Health Problems (ex. frequent colds, allergies, asthma, etc.)

---

---

2. Previous Illnesses/Hospitalization in the Past 12 Months

---

---

3. Any Special Precautions for Diet, Medication or Activity

---

---

Our signature below indicates authorization for emergency medical attention and to post any allergies you may have listed above.

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

## Special Problems / Needs

Does your child require any special accommodations (*circle one*)? **Yes** **No**

Please explain if there are certain situations that may cause your child difficulty. How can we best work with you and/or your child to help in these situations? Does your child have any limitations or require any special provisions? Please write N/A if none apply to your child.

---

---

---

Did your child reach developmental milestone at expected age ranges? (i.e. babbling, single word and two word phrases, sitting, crawling, walking) (If no, please describe.)

---

---

---

Has your child ever been referred to or seen by a specialist? (if yes. Please describe.)

---

---

---

Please indicate any developmental conditions or special needs (e.g., physical needs, dietary, medical, allergies, etc.) of which First Wings Inc. must be aware to provide your child with appropriate care. Include all allergies (food or otherwise). **Please indicate NONE if none.**

---

---

---

## Program Selection

*Tuition rates and supply fees are reviewed on an annual basis and are subject to change.*

*A non-refundable annual registration fee of \$75 for 1 child and \$100 for 2 or more, \$10 annual membership fee, and/or \$25 spot holding fee (if child is not starting that day or the very next day) is required upon submission of the application/contract.*

List the names and ages of other children in the family and the schools they currently attend:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Did you or any of your children formerly attend First Wings? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, former student's name \_\_\_\_\_

Year(s) Attended \_\_\_\_\_

Applying child's previous group or preschool experience: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

How did you hear about First Wings? \_\_\_\_\_

### **T-shirt Selection**

Each child in our Pre-school (at least 3 years old) or Pre-K program are expected to purchase (\$10) and wear their First Wings t-shirts for field trips and other First Wings Inc. activities. Additional t-shirts may be purchased in both child and adult sizes.

Please circle the appropriate youth size shirt for your child:    **S (2-4)**            **M (6-8)**

## Signature Pages

Please read each statement below, check yes or no, then sign and date at the bottom of the page.

- Yes  No Our signature below gives our consent for our child to be transported and supervised by the facility's staff in case of an emergency, and on field trips.
- Yes  No Our signature below gives our consent for our child to be photographed and/or videotaped participating in the program.
- Yes  No Our signature below gives our consent to have periodic e-mails sent to us by First Wings informing me about upcoming programs and/or events.
- Yes  No Our signature below acknowledges our understanding that as a participant in a state licensed child care, my child's records may be reviewed and/or photo copied by representatives of Texas Dept. of Protective and Regulatory Services.
- Yes  No Our signature below acknowledges our receipt of and our agreement to follow all policies in the parent handbook which includes First Wings operation and parent policies.
- Yes  No **Release from Liability and Field Trips:** Our signature below acknowledges that we authorize First Wings to take our child, \_\_\_\_\_, on scheduled field trips for his/her education and entertainment. We agree that such field trips may be taken either in a bus, member parent/legal guardian's automobiles or teacher's automobiles (in both, using appropriate child restraint devices as required by law) or on foot. In consideration of this service, I agree to hold First Wings, its employees, members and volunteers free from any liability (both jointly and severally) for any injuries our child may sustain in route to or from or at the site of said field trips in the absence of willful or gross negligence.
- Yes  No **Water Activities Release:** Our signature below gives our consent for our child to participate in water activities such as splashing pools, swimming pools, and other bodies of water provided by the facility. Our signature below acknowledges that we understand that water activities may involve the use of a wading pool containing less than two feet of water. These activities will be supervised in accordance with the minimum standards established by the Texas Department of Family and Protective Services. We hereby authorize our child, \_\_\_\_\_, to participate in water activities at First Wings. In consideration of this service, I agree to hold First Wings, its employees, members and volunteers free from any liability (both jointly and severally) for any injuries our child may sustain while participation in water activities in the absence of willful or gross negligence.
- Yes  No **Sunscreen and Bug Repellant Release:** Our signature below acknowledges that regarding the Sunscreen and Bug Repellant policy: Parents should apply sunscreen and bug repellant on their child each morning either prior to coming to school or they may use the school's supply to be kept in a locked cabinet. If written consent is given below, the teachers will have the ability to apply UVB and UVA protection Sunscreen if SPF 15 or higher and DEET Bug Repellant on to the children only once a day as the weather dictates.

In consideration of this service, I agree to hold First Wings, its employees, members and volunteers free from any liability (both jointly and severally) for any injuries my child may sustain from the application or the above named products due to necessity of the weather conditions.

By selecting yes, we are authorizing First Wings to apply sunscreen and/or DEET Bug Repellant on our child once a day based on the weather.

Yes  No **Discipline Procedures:** Our signature below acknowledges that *there will be no physical punishment at First Wings*. The safety and education of all First Wings students are prime concerns. State requirements do not allow a child to remain who endangers him/herself or others.

First Wing's approach to the guidance/discipline of young children is a positive one. The school adheres to the sound theory and practice espoused by The Academy of Early Childhood Programs, which states that: teachers facilitate the development of self-control in children by using positive guidance techniques such as modeling and encouraging expected behavior, re-directing children to a more acceptable activity and setting clear limits. Teacher's expectations match and respect children's developing capabilities.

An important goal of the preschool experience is to help children develop social skills and acceptable expression of emotions so that they can function successfully in group settings outside the home. For this reason, it is critical that teachers and parent/legal guardians work together closely so that home and school expectations of behavior are consistent for the child. If, after prolonged use of positive guidance techniques by the teachers, a child's behavior continues to be problematic, the teacher will request a conference with the parent/legal guardians. In these instances especially, close home-school collaboration on matters of discipline is required for the family to remain in the school. The Board reserves the right to ask the family to withdraw from the school if family fails to cooperate in helping solve the problem.

Yes  No **Acknowledgement:** Our signature acknowledges that we acknowledge the receipt of this membership contract and agree to be bound by the terms and conditions. We understand that this membership contract may be changed and amended, from time to time, by the First Wings Board of directors. We also acknowledge and agree to abide by the First Wings, policies (most of which are included in the Parent Handbook) as may be adopted by the Board of Directors. Failure to comply with the terms and obligations of membership in the facility will result in fines and/or dismissal from the program.

We acknowledge and agree that if we intend to withdraw from the program, we must notify First Wings two weeks prior or will be liable for tuition and extended day payments for the remainder of the semester. We understand there will be no deductions made from the monthly tuition for absences or illnesses and that tuition and fees are non-refundable and may not be used as a credit towards any outstanding financial obligations.

Yes  No Our signature below acknowledges that our child's immunization record is on file with your program and all immunizations, tuberculosis test, and vision & hearing screening records are current. They meet the requirements of the Texas Department of Health.

Yes  No **Agreement to Adhere to Payment Policies/Procedures:** Our signature below acknowledges we understand that payments are due on Monday or the past Friday or a late fee will be applied in the amount of \$30. All tuition payments must be made in the form of a check or money order.

### **Acknowledgement of Receipt and Understanding of Parent Handbook**

We, \_\_\_\_\_ and \_\_\_\_\_ (names) acknowledge the receipt of The First Wings Parent Handbook either in hard copy or via email. We have read and understand the contents of the Handbook and we agree to abide by the policies and procedures stated in the Handbook as a part of the Program.

**We have read all the above guidelines and by signing I agree to abide by First Wings policies.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian Date





# First Wings

## Physician's Health Statement



There must be a physician's health statement on file within one week of admission to the facility to insure that any child under age 5 is physically capable of taking part in the program at First Wings Learning Center.

One of the following must be completed:

1. A written or signed statement from a licensed health professional who has examined the child within the past year.

I have examined (child's name) \_\_\_\_\_  
and certify that this child is able to participate in the First Wings Learning Center Program.

\_\_\_\_\_  
Signature of Licensed Physician

\_\_\_\_\_  
Date

2. A signed statement from the parent giving the address of a licensed health professional who has examined the child within the past year and stating that the child is able to participate in the First Wings Learning Center Program. This must be followed up within 12 months by a document as described in #1.

I certify that my child has been examined by a Licensed Health Professional and is able to participate in the program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Name of Licensed Health Professional: \_\_\_\_\_

Address of Licensed Health Professional: \_\_\_\_\_  
\_\_\_\_\_



# First Wings Food Allergy Alert



My name is *(first and last)*

\_\_\_\_\_

Place a 4 x 4 picture of child listed here.

My signature bellow acknowledges permission to post my child's food allergy information with his/her picture.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

I have the following food allergies:

**Allergy** \_\_\_\_\_

**Reaction** \_\_\_\_\_

\_\_\_\_\_

**Treatment** \_\_\_\_\_

\_\_\_\_\_

**Allergy** \_\_\_\_\_

**Reaction** \_\_\_\_\_

\_\_\_\_\_

**Treatment** \_\_\_\_\_

\_\_\_\_\_



# First Wings Infant Care Instructions

Date of Birth: \_\_\_\_\_

Updated Date: \_\_\_\_\_



## Dear First Wings Infant Parent:

In order to provide quality care for your infant on an individual basis, we ask that you fill out this information form and return it to the infant teacher.

Infant's Name: \_\_\_\_\_ Wipes \_\_\_\_\_

Type of Skin Ointment(s): \_\_\_\_\_

Type of Formula: \_\_\_\_\_ Warmed:  Yes  No

Juice:  Yes  No If yes, what type? \_\_\_\_\_

## Describe your child's current diet:

Cereal \_\_\_\_\_ Meats \_\_\_\_\_

Vegetables \_\_\_\_\_ Fruits \_\_\_\_\_

## Please note any allergies to the following:

Food \_\_\_\_\_ Skin \_\_\_\_\_

Other \_\_\_\_\_

## Other Helpful Information (please include feeding and sleeping schedules, etc.):

Sleeping Position Preferred:  Stomach  Back  Side

Does Your Baby use a Pacifier:  Yes  No  Sometimes

---

---

---

---

---

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_