



Registration Form 2026-2027

**Please complete the entire form and return with:
Registration Fee, Supply fee, and May 2027 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 to Thursday

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

Age as of 09/01/2026 _____ Birthday _____ Sex (Circle One) Male Female

Mailing Address _____
Street _____ City _____ Zip _____

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

Employer _____ E-Mail _____

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

Employer _____ E-Mail _____

Church Affiliation _____ Denomination _____

Names & Ages of Siblings

Name: _____ Age _____ Name: _____ Age _____

Name: _____ Age _____ Name: _____ Age _____

Please list persons below, other than Mother and Father, who are allowed to pick up your child.

Name	Relationship to Child	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 made to the First Steps Preschool office **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, you must also complete the Allergy Action Plan form.

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

Doctor's Name _____ Phone # _____

Doctor's Address _____

Health Insurance Name _____

Health Insurance Phone # _____ Policy # _____

List 2 people, residing in close proximity, who are authorized to pick up your child during an emergency, should mother nor father be able to.

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

Consent for Treatment

Parental consent is a legal requirement for the treatment of a minor child. To authorize emergency treatment for your child in the event that you are unable to be contacted, please fill out the statement below.

"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 _____ Hearing/Vision Screen Results _____

(Children that are 4+ years old as of September 1 are required to have a hearing/vision screening on file prior to the start of school).

I have examined the child named on this form and found 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

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 need 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 may be issued with a **30-day written notice** of intent to withdraw my child.

_____ I understand that I am required to **prepay May 2027 tuition** at the time of registration. This fee is **NON-REFUNDABLE**. If my child withdraws from the program during the school year, this payment may be applied to the final month's tuition with a **30-day written notice**.

_____ I understand that **full monthly tuition** is due regardless of student absences, holidays, or other school closings. First Steps follows the KISD calendar with the exception of beginning dates, ending dates, Easter, and preschool teacher workshops.

_____ I understand that there are **no "make-up" days** for missed school days.

_____ I understand that **tuition is due on the first school day of each month**. Payments received after the **5th** of the month will incur a **\$25 late fee for the first week**, plus an **additional \$15 for each subsequent week per child** until the balance is paid.

Additional Fees:

- **\$25 fee** for insufficient checks, declined credit/debit card payments, or declined auto-draft payments. Payment must then be made either with cash, money order or credit card in the Administration's office for that month.
- **Late pickup (regular hours):** \$10 fee for every **10 minutes** after **2:40 p.m.**
- **Late pickup (After Care):** \$10 fee for every **5 minutes** after **3:35 p.m.**

_____ I understand that if tuition is not paid by the first day of the third week of the month, my child may not attend school until the outstanding balance is paid in full.

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

I agree with the financial terms listed above.

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

Parent's Name (PLEASE PRINT)

Parent's Signature

Date



Permission Form

Personal Information/Photograph Release Statement/ Water Play Participation

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

2. I give First Steps permission to take and use my child's pictures for use on: the First Steps/First Baptist Katy Website, First Steps social media, and e-mail notices to First Baptist Katy 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

Child's Name (PLEASE PRINT)

Parent/Guardian Signature

Date



School Procedures & Expectations Agreement

1. Potty Training Requirement – Three Year Olds and Older

- Children are required to be fully potty trained at the start of the school year.
- Children should not be in diapers or pull-ups and must be able to independently pull their pants up and down in the bathroom.

2. Morning Drop-Off / Afternoon Pick-Up Procedure

- Three-year-olds and four-year-olds use the car rider line for morning drop-off.
- Parents do not walk children into the classroom unless they accompany a younger sibling who must be dropped off.
- For the four-year-olds, parents should allow the child to put away their own belongings without assistance, as this helps build the independence and confidence, they will need for kindergarten.
- Parents should not linger at the classroom door, as this interrupts routines and makes separation more difficult.
- For afternoon pick-up, parents should not enter the classroom or remain inside unless invited by the teacher or attending a scheduled meeting.

3. Communication of Daily Activities

- Daily notes regarding naps, toileting, snacks, and lunch are provided for toddlers and two-year-olds.
- Daily notes are **not provided** for three-year-olds and four-year-olds.

4. Nap Time: Children are required to stay on their nap mat quietly during rest time.

- Toddlers & Twos: 1 hour 40 minutes – 2 hours
- Threes: 1 hour – 1 hour 20 minutes
- Fours & Fives: 20 – 30 minutes

5. Teacher and Classroom Requests

- Requests for specific teachers or classrooms may or **may not be accommodated**.
- Final placement decisions are made with the best interest of all students and the school community in mind.

6. Class Parties & Events

- Class parties and events may include or exclude parents, depending on the event.
- Families agree to follow school policies and teacher instructions for each event.

7. Health & Illness Policy: Maintaining a healthy environment is essential for all students and staff.

- I will partner with the school by keeping my child home when they show signs of illness as outlined in the Parent Handbook.
- I will provide a doctor's note or clarification when requested to help ensure the safety of our school community.

By signing below, I acknowledge my understanding of these age-specific policies and school procedures, and I agree to partner with First Steps in supporting a safe, healthy, and consistent learning environment.

Signature: _____ Date: _____