



## Enrollment Application

*Please complete entire form, do not leave blanks. PRINT CLEARLY!*

Childs Full Name _____	Date of Birth _____
Childs Home Address _____	City, State, Zip _____
Childs Home Phone Number _____	Date of Admission _____

***The child's birth certificate will be required to be presented with this application for enrollment.***

<b>Parent One Full Name</b> _____ Relationship to Child _____ Work Phone Number _____ Home/Cell Phone Number _____ Address _____ City, State, Zip _____ Email Address _____ Place of Employment _____	<b>Parent Two Full Name</b> _____ Relationship to Child _____ Work Phone Number _____ Home/Cell Phone Number _____ Address _____ City, State, Zip _____ Email Address _____ Place of Employment _____
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Is there a custody order on file with The State of Texas? (circle)    YES    NO    PENDING  
*\*If circled YES, a current copy of your court order MUST be attached*

**Emergency Contact and Authorization to pick up**    *Please list 3 local individuals to contact in the event of an emergency*

Name _____	Phone _____
Address _____	City _____ State _____ Zip _____
Name _____	Phone _____
Address _____	City _____ State _____ Zip _____
Name _____	Phone _____
Address _____	City _____ State _____ Zip _____

**Permissions** *(please circle)*

I hereby give / do not give consent for my child to be transported and supervised by the operations employees for  
*(please circle all that apply)*    Emergency Care    Field Trips    To and From School

I hereby give / do not give consent for my child to participate in field trips

I hereby give / do not give consent for my child to participate in water activities  
*(please circle all that apply)*    Sprinkler Play    Splash Pad    Swimming Pool    Water Table Play

I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

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

I understand that breakfast, lunch, and afternoon snack will be served.

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

\_\_\_\_\_  
**Parent or Legal Guardian Signature**

\_\_\_\_\_  
**Date**



**School Age Children** My child attends the following school:

Name of School \_\_\_\_\_

Address, City, Zip, and Phone \_\_\_\_\_

My child's immunization records, vision, and hearing screenings are on file at the school and are current.

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

**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 \_\_\_\_\_ Emergency Medical Care Facility \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

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

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**Attendance**

My child will normally be in attendance the follow days and times:

Monday from: \_\_\_\_\_ to: \_\_\_\_\_

Tuesday from: \_\_\_\_\_ to: \_\_\_\_\_

Wednesday from: \_\_\_\_\_ to: \_\_\_\_\_

Thursday from: \_\_\_\_\_ to: \_\_\_\_\_

Friday from: \_\_\_\_\_ to: \_\_\_\_\_

**Special Needs**

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during that past 12 months, and medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of: \_\_\_\_\_  
If not applicable, initial here \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give consent for the facility to post my child's allergies in the classroom.

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

**Photo Release**

From time to time our facility may take photographs for educational use. I give consent for the facility to take photographs of my child and waive any consideration due.

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

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

\_\_\_\_\_  
Date