

## **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 enro	ollment.	
Parent One Full Name	Parent Two Full Name		
Relationship to Child	Relationship to Child		
Work Phone Number	Work Phone Number		
Home/Cell Phone Number	Home/Cell Phone Number		
Address	Address		
City, State, Zip	City, State, Zip		
Email Address	Email Address		
Place of Employment	Place of Employment		
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			
AddressC	ityState	Zip	
Name			
AddressC	ityState	Zip	
Name			
AddressC	ity State	Zip	
Permissions (please circle) I hereby <u>aive / do not give</u> 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 <u>give / do not give</u> consent for my child to participate in field trips I hereby <u>give / do not give</u> 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 police.  Parent Signature			
I understand that breakfast, lunch, and afternoon snack Parent Signature			
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	n		
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 Emergence		Emergency Medical Care Facility		
Address				
		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	•	to:		
Tuesday		to:		
Wednesday	from :			
Thursday				
1		to:		
Friday	from:	to:		
Special Needs				
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				
L				

Date

**Parent or Legal Guardian Signature**