



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 _____	
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Parent One Full Name _____ Relationship to Child _____ Work Phone Number _____ Home/Cell Phone Number _____ Address _____ City, State, Zip _____ Email Address _____ Place of Employment _____	Parent Two Full Name _____ 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 our Facebook page. 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