



1320 West Brazos Avenue  
 West Columbia, TX 77486  
 P: 979.345.3333  
 F: 979.345.7896

### Enrollment Form

*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 _____

<b>Mothers Full Name</b> _____ Mothers Home Phone Number _____ Mothers Work Phone Number _____ Mothers Cell Phone Number _____ Mothers Address _____ Mothers City, State, Zip _____ Mothers Email Address _____ Place of Employment _____	<b>Fathers Full Name</b> _____ Fathers Home Phone Number _____ Fathers Work Phone Number _____ Fathers Cell Phone Number _____ Fathers Address _____ Fathers City, State, Zip _____ Fathers Email Address _____ Place of Employment _____
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Marital status of parents: ( ) Together ( ) Divorced ( ) Separated

Custody/Visitation Arrangements: \_\_\_\_\_

Siblings: Please list the name and date of birth of all siblings.  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

**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

I understand that a morning snack, lunch, and afternoon snack will be served. Breakfast is served at 6:30 AM and 8:00 AM.

Parent 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 \_\_\_\_\_



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**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 \_\_\_\_\_

If your child suffers from an allergy, we must have an Emergency Medical Form from your child's physician.

I herby give / do not give consent for sunscreen to be applied to my child.

I herby give / do not give consent for mosquito repellent to applied to my child.

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

\_\_\_\_\_  
 Date