

**ENROLLMENT FORM  
DISCOVERY DAYS PRESCHOOL**



TODAY'S DATE

SCHOOL TERM

**STUDENT INFO**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preferred Name	Date of Birth	Race	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SSN	Church or Religious Affiliation	Blood Type	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**PRIMARY FAMILY INFO**

Physical Address

Mailing Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	Zip	County
<input type="text"/>	<input type="text"/>		

Preferred Phone Number

Preferred Email Address

**PRIMARY FATHER'S INFORMATION**

[Redacted]		[Redacted]		[Redacted]		[Redacted]	
Last Name	First Name	Middle Name	Suffix				
[Redacted]		[Redacted]					
Personal Email Address			Business Email Address				
[Redacted]			[Redacted]				
Mobile Phone			Business Phone				
[Redacted]			[Redacted]				
Employer			Job Title				
[Redacted]							
Church or Religious Affiliation			Emergency Contact <input type="checkbox"/>				
			Allow to Pick-Up <input type="checkbox"/>				

**PRIMARY MOTHER'S INFORMATION**

[Redacted]		[Redacted]		[Redacted]		[Redacted]	
Last Name	First Name	Middle Name	Suffix				
[Redacted]		[Redacted]					
Personal Email Address			Business Email Address				
[Redacted]			[Redacted]				
Mobile Phone			Business Phone				
[Redacted]			[Redacted]				
Employer			Job Title				
[Redacted]							
Church or Religious Affiliation			Emergency Contact <input type="checkbox"/>				
			Allow to Pick-Up <input type="checkbox"/>				

**SECONDARY FAMILY INFO (if none, please skip to page 4)**

[Redacted]

Street Address

[Redacted]

City

State

Zip

County

[Redacted]

Home Phone

Home Email Address

**SECONDARY FATHER'S INFORMATION**

[Redacted]

Last Name

First Name

Middle Name

Suffix

[Redacted]

Personal Email Address

Business Email Address

[Redacted]

Mobile Phone

Business Phone

[Redacted]

Employer

Job Title

[Redacted]

Emergency Contact

Church or Religious Affiliation

Allow to Pick-Up

**SECONDARY MOTHER'S INFORMATION**

[Redacted]

Last Name

First Name

Middle Name

Suffix

[Redacted]

Personal Email Address

Business Email Address

[Redacted]

Mobile Phone

Business Phone

[Redacted]

Employer

Job Title

[Redacted]

Emergency Contact

Church or Religious Affiliation

Allow to Pick-Up

**EMERGENCY CONTACT INFO**

One designated contact who is not a parent/guardian must be provided, including their name, address & phone numbers.

[Redacted]		[Redacted]
Designated Contact Name	Relationship to Child	
[Redacted]		[Redacted]
Designated Contact Address, City, & State		Zip Code
[Redacted]	[Redacted]	[Redacted]
Designated Cell Phone	Designated Home Phone	Designated Business Phone
[Redacted]		[Redacted]
Contact Name	Relationship to Child	
[Redacted]	[Redacted]	[Redacted]
Cell Phone	Home Phone	Business Phone
[Redacted]		[Redacted]
Contact Name	Relationship to Child	
[Redacted]	[Redacted]	[Redacted]
Cell Phone	Home Phone	Business Phone

**PERSONS AUTHORIZED TO PICK YOUR CHILD UP FROM SCHOOL**

[Redacted]		[Redacted]
Authorized Pick-Up Name	Phone	
[Redacted]	[Redacted]	[Redacted]
Drivers License Number	License Plate Number	Notes?
[Redacted]		[Redacted]
Authorized Pick-Up Name	Phone	
[Redacted]	[Redacted]	[Redacted]
Drivers License Number	License Plate Number	Notes?
[Redacted]		[Redacted]
Authorized Pick-Up Name	Phone	
[Redacted]	[Redacted]	[Redacted]
Drivers License Number	License Plate Number	Notes?

**MEDICAL INFORMATION**

[Redacted]

Student's Name (First and Last)

Date of Birth

[Redacted]

Primary Care Physician

Phone

[Redacted]

Dentist

Phone

[Redacted]

Hospital

Phone

[Redacted]

Insurance Provider

Policy Number

Phone

Has your child had measles? Yes / No Date [Redacted]

Has your child had mumps? Yes / No Date [Redacted]

Has your child had chickenpox? Yes / No Date [Redacted]

Has your child had German measles? Yes / No Date [Redacted]

Does your child require care for an ongoing illness or condition? Yes / No

If yes, please explain:

Has your child been hospitalized within the last 12 months? Yes / No

If yes, please explain:

Is your child allergic to food/insects? Yes / No Explain [Redacted]

Is your child allergic to medication? Yes / No Explain [Redacted]

Does your child have a respiratory illness? Yes / No Explain [Redacted]

Does your child have any other condition we should be aware of? Yes / No

If yes, please explain:

As treatment of diaper rash, I authorize the application of: ] Desitin ] What I provide ] Boudreaux's ] None

In the event of sickness, injury, or medical emergency when I cannot be reached, I authorize Discovery Days to transport my child and obtain proper medical treatment.

[Redacted]

Parent Signature

Date

**HEALTH REQUIREMENTS  
FOR ADMISSION TO DISCOVERY DAYS PRESCHOOL**

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Child's Name

DOB

**MEDICAL PERMISSION TO PARTICIPATE**

Admission of children under the age of five requires that you submit one of the following within one week of admission. Select one of the following:

- Doctor's Statement:** I have examined the above named child within the past year and found that he or she is physically able to take part in a day care program.

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Physician's Signature

Date

- Statement:** See the attached written statement of medical permission to participate.
- Statement of Appointment:** My child has an appointment on (date), and I will submit the physician's written statement following the examination.

**FOOD ALLERGY EMERGENCY PLAN**

Please check one of the following:

- No, my child has no food allergies.
- Yes, my child has food allergies.

If your child **does have allergies**, please contact the Discovery Days Office for the Food Allergy & Anaphylaxis Emergency Plan form that will need to be **completed and signed by both the parent/guardian and the child's health care professional.**

**IMMUNIZATION RECORD REQUIREMENT**

Please attach a copy of your child's most recent shot record. Varicella (chickenpox) vaccine is not required if your child has had the chickenpox disease. If you're child has had chickenpox, please complete the following section of this form:

The child listed above had Varicella (chickenpox) on or about (date) and does not require the Varicella vaccine.

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Parent's Signature

Date

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Physician's Signature

Date

## PARENT INVOLVEMENT OPTIONS

<input type="text"/>	<input type="text"/>
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Child's Name

DOB

We ask that each family commit to at least one way to support the program and their child's classroom. Your involvement is greatly appreciated. Please make a selection below and you will be contacted with more information.

Serve as a Classroom Parent  
\*Assist teacher with creating menu & sign-up sheet for parties

Class Parties  
\*Assist Classroom Parent with classroom party needs

Picture Day Assistance  
\*Assist with directing families

Teacher Appreciation Assistance  
\*Organize a small appreciation event two times within the school year (Dec./May).

Help as Needed

Parent Name

<input type="text"/>	<input type="text"/>
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Parent Signature

Date

**ACKNOWLEDGEMENTS AND RELEASES:** Please review each release and initial as affirmation of your agreement before signing and dating the bottom.

<input type="text"/>	<input type="text"/>
Child's Name	DOB

**WATER PLAY RELEASE**

I give permission for my child to participate in water activities at Discovery Days that include items such as sprinklers, washing Little Tike coupe cars, etc.

**MINOR MODEL RELEASE**

In consideration of the engagement of my child (named above) as a model, I hereby confer on University Heights Baptist Church and Discovery Days Preschool the absolute and irrevocable right and permission with respect to the photographs that they have taken of my minor child in which he or she may or may not be included in with others:

- a) to display the same on the campus of University Heights Baptist Church;
- b) to copyright the same in University Heights Baptist Church's name;
- c) to reuse, publish and republish the same in whole or in part, separately or in conjunction with other photographs, in any medium now or hereafter known, and for any purpose whatsoever, including (but not by way of limitation) illustration, promotion, advertising and trade, and;
- d) to use my name or my child's name in connection therewith if he or she so decides.

I hereby release and discharge University Heights Baptist Church and/or Discovery Days Preschool from all and any claims and demands ensuing from or in connection with the use of the photographs, including any and all claims for libel and invasion of privacy. This authorization and release shall insure to the benefit of the legal representatives, licensees and assigns of University Heights Baptist Church and Discovery Days Preschool.

I have read the foregoing and fully understand the contents hereof. I represent that I am the parent or guardian of the above named model and I hereby consent to the foregoing on his/her behalf.

**HANDBOOK ACKNOWLEDGEMENT AND AGREEMENT**

I have received and have read a copy of DDP's Parent Handbook.

**FINANCIAL POLICIES ACKNOWLEDGEMENT AND AGREEMENT**

I have read and agree to comply with Discovery Days Preschool's Financial Policies.

<input type="text"/>	
Parent or Guardian Name	
<input type="text"/>	<input type="text"/>
Parent Signature	Date



