

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

PRIMARY FATHER'S INFORMATION

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

PRIMARY MOTHER'S INFORMATION

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

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

[Redacted]			
Street Address			
[Redacted]	[Redacted]	[Redacted]	[Redacted]
City	State	Zip	County
[Redacted]		[Redacted]	
Home Phone		Home Email Address	

SECONDARY 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"/>	

SECONDARY 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"/>	

EMERGENCY CONTACT INFO

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

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

PERSONS AUTHORIZED TO PICK YOUR CHILD UP FROM SCHOOL

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

MEDICAL INFORMATION

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Student's Name (First and Last)

Date of Birth

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Primary Care Physician

Phone

--	--

Dentist

Phone

--	--

Hospital

Phone

--	--	--

Insurance Provider

Policy Number

Phone

Has your child had measles?

Yes / No

Date

--

Has your child had mumps?

Yes / No

Date

--

Has your child had chickenpox?

Yes / No

Date

--

Has your child had German measles?

Yes / No

Date

--

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

--

Is your child allergic to medication?

Yes / No

Explain

--

Does your child have a respiratory illness?

Yes / No

Explain

--

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.

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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

--	--

Physician's Signature

Date

PARENT INVOLVEMENT OPTIONS

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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.

- | | |
|--|---|
| <input type="checkbox"/> Serve as a Classroom Parent
*Assist teacher with creating menu & sign-up sheet for parties | <input type="checkbox"/> Class Parties
*Assist Classroom Parent with classroom party needs |
| <input type="checkbox"/> Picture Day Assistance
*Assist with directing families | <input type="checkbox"/> Teacher Appreciation Assistance
*Organize a small appreciation event two times within the school year (Dec./May). |
| <input type="checkbox"/> Work as a Paid Substitute
*Acquire appropriate credentials to work as a substitute in a staff member's absences. | <input type="checkbox"/> Help as Needed |

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Parent Name

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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.

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 small wading pools, 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.

Parent or Guardian Name

Parent Signature

Date