



111 Roundabout Drive  
Midlothian, TX 76065  
972-775-5600  
discoverychildrensacademy.com  
Renay McAfee, Executive Director

### Enrollment Form

**Instructions:** The parent / guardian shall complete this form and submit it to the center prior to the child's first day of attendance. Please print legibly. Information on this form shall be kept current.

#### Child Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Sex:  M  F

Date of Birth: \_\_\_\_\_ Child lives primarily with:  Father  Mother  Both  Other: \_\_\_\_\_  
(MM/DD/YYYY)

Last childcare center attended: \_\_\_\_\_

How did you hear of Discovery Children's Academy \_\_\_\_\_

Please list the hours and days that you child will be attending the Center.

Mon. = \_\_\_\_\_ Tues. = \_\_\_\_\_ Wed. = \_\_\_\_\_ Thurs. = \_\_\_\_\_ Fri. = \_\_\_\_\_ Sat. = \_\_\_\_\_

**PARENT OR GUARDIAN** – In the event there is any issue regarding custody of the child, the Center must be provided with court issued custody papers that clearly describe the custody arrangements. Any person granted custody with such papers may pick up the child during the times that person has custody and may designate people who are authorized to pick up the child at such times. The Center cannot legally refuse the right to pick up a child to a person having custody of the child.

#### Parent # 1 Information:

Married  Divorced  Separated  Widowed Are there custody arrangements made?  Yes  No

Permission to pick up the child?  Yes  No Contact in case of an emergency?  Yes  No

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Title or Department: \_\_\_\_\_

Employer's Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ (ext) \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Cellular Phone Number: (\_\_\_\_) \_\_\_\_\_ Other Phone Number: (\_\_\_\_) \_\_\_\_\_

May we "text" you with event reminders?  Yes  No

Driver's License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Make of Car: \_\_\_\_\_

#### Parent # 2 Information:

Married  Divorced  Separated  Widowed Are there custody arrangements made?  Yes  No

Permission to pick up the child?  Yes  No Contact in case of an emergency?  Yes  No

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Title or Department: \_\_\_\_\_

Employer's Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ (ext) \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Cellular Phone Number: (\_\_\_\_) \_\_\_\_\_ Other Phone Number: (\_\_\_\_) \_\_\_\_\_

May we "text" you with event reminders?  Yes  No

Driver's License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Make of Car: \_\_\_\_\_

**Other Household Members:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

**School Age Children Only:**

Name of School: \_\_\_\_\_

Address of School : \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Transportation:  To School  From School  Both

Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

My child's immunization record / T.B. test and hearing / vision screening are current and on file at the school listed above.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contacts: \* Complete for additional persons authorized to pick up your child. These people will also be contacted when parents cannot be reached. \*

**Contact Person Number #1: (must be 18 years or older)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Title or Department: \_\_\_\_\_

Employer's Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ (ext) \_\_\_\_\_

Home Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Cellular Phone Number: (\_\_\_\_) \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Make of Car: \_\_\_\_\_

**Contact Person Number 2: (must be 18 years or older)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Title or Department: \_\_\_\_\_

Employer's Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ (ext) \_\_\_\_\_

Home Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Cellular Phone Number: (\_\_\_\_) \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Make of Car: \_\_\_\_\_

**Contact Person Number 3: (must be 18 years or older)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Title or Department: \_\_\_\_\_

Employer's Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ (ext) \_\_\_\_\_

Home Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Cellular Phone Number: (\_\_\_\_) \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

License Plate Number: \_\_\_\_\_ Make of Car: \_\_\_\_\_

Parent(s) Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Information:**

In the event of a medical emergency, a representative of Discovery Children's Academy will:

- 1. attempt to contact the parent or guardian for instructions
- 2. contact those on the emergency contact list

In the event of a life-threatening emergency, a representative of Discovery Children's Academy will:

- 1. call emergency services (911)
- 2. contact the parent or guardian

Child's Physician: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Physician's Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Hospital's Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

I hereby authorize Discovery Children's Academy to take my child to the above named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorized any licensed physician or medical treatment center to treat my child in case of an emergency in which the above named physician cannot respond.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Information: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Regular Medications: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Medications allergic to: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Food Allergies: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Any other Allergies: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Any Special Health Conditions / Concerns: \_\_\_\_\_

**Special Needs Acknowledgment**

To my knowledge, my child has no special medical, physical, nutritional, or behavioral needs that I should make Discovery Children's Academy aware of so that his / her child care experience will be the most beneficial for him / her and my family. This includes, but is not limited to, allergies, existing illness, previous serious illness and injuries, hospitalizations during the past 12 months, and any medications prescribed for continuous, long – term use.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child has the following special needs that Discovery Children's Academy should be aware of so that his / her child care experience will be the most beneficial to him / her and my family.

Description of special needs:  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please feel free to add any additional Information/ comments that you like to share:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent(s) Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Permission Statements:**

**Transportation:**

I hereby authorize Discovery Children's Academy to transport my child to and from school, on educational excursions, Center sponsored activities, and for any emergency evacuation. I understand that I will be notified 48 hours in advance of all field trips.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Water Activities:**

I hereby authorize Discovery Children's Academy to include my child in supervised water activities, including splash days and public swimming pools. I understand that I will be notified 48 hours in advance of water activities.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photographs:**

I hereby authorize Discovery Children's Academy to photograph my child for internal postings only.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize Discovery Children's Academy to have my child photographed by an outside company for purposes of retail sale to my spouse or me only.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency Medical Treatment:**

I hereby authorize Discovery Children's Academy to administer First Aid, CPR and / or obtain emergency medical care and to transport my child for emergency medical treatment. I understand reasonable efforts will be made to reach my spouse or me before transporting unless a critical situation exists.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize a licensed physician or medical treatment center to treat my child in case of emergency.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize the staff representing Discovery Children's Academy to give consent of any kind and all necessary emergency care required for my child, if emergency authorization must be given for treatment before I cannot be contacted.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby authorize Discovery Children's Academy to administer over the counter medications (such as Tylenol) if needed and if I cannot be reached.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Protective / Medicinal Materials:**

I hereby authorize Discovery Children's Academy to apply the following selected protective or medicinal materials

Please initial each item that you agree to.

\_\_\_\_\_ Sunscreen as needed, applied liberally, for outdoor play and field trips. (Sunscreen is to be brought by the parents).

\_\_\_\_\_ Insect repellent, applied sparingly, only when necessary, for outdoor play and field trips. (Repellent is to be brought by the parents).

\_\_\_\_\_ Diapering powder, for comfort, and to prevent or treat diaper rash. (Powder is to be brought by the parents).

\_\_\_\_\_ Diapering ointment, to prevent or treat diaper rash. (Ointment is to be brought by the parents).

\_\_\_\_\_ Petroleum jelly or hand cream, to prevent and treat dry skin on hands or face. (Petroleum jelly / hand cream is to be brought by the parents).

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s) Initials: \_\_\_\_\_ Date: \_\_\_\_\_

To the best of my knowledge, the information I have provided is correct and complete. I understand that withholding or providing false information herein or in connection with the enrollment process may result in immediate dis-enrollment of my child. I further agree to update the information on this record as circumstances may require.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge receipt of Discovery Children's Academy operational policies including those for discipline and guidance.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Enrollment Date: \_\_\_\_\_ Enrolled By: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Referred By: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

**Parent Updates:**

\_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent(s) Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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