



111 Roundabout Drive
 Midlothian, TX 76065
 972-775-5600
 discoverychildrens academy .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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