

# ENROLLMENT FORM

## DISCOVERY DAYS PRESCHOOL



TODAY'S DATE

SCHOOL TERM

### STUDENT INFO

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

First Name

Middle Name

Suffix

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

Date of Birth

Race

Gender

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

Church or Religious Affiliation

Blood Type

### PRIMARY FAMILY INFO

Street Address

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

State

Zip

County

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

Home Email Address

**PRIMARY FATHER’S INFORMATION**

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

**PRIMARY MOTHER’S INFORMATION**

Last Name	First Name	Middle Name	Suffix
Personal Email Address		Business Email Address	
Mobile Phone		Business Phone	
Employer		Job Title	
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)**

Street Address

CityStateZipCounty

Home PhoneHome Email Address

**SECONDARY FATHER’S INFORMATION**

Last NameFirst NameMiddle NameSuffix

Personal Email AddressBusiness Email Address

Mobile PhoneBusiness Phone

EmployerJob Title

Emergency Contact

Church or Religious AffiliationAllow to Pick-Up

**SECONDARY MOTHER’S INFORMATION**

Last NameFirst NameMiddle NameSuffix

Personal Email AddressBusiness Email Address

Mobile PhoneBusiness Phone

EmployerJob Title

Emergency Contact

Church or Religious AffiliationAllow to Pick-Up

**EMERGENCY CONTACT INFO**

Contact Name		Relationship to Child
Cell Phone	Home Phone	Business Phone
Contact Name		Relationship to Child
Cell Phone	Home Phone	Business Phone
Contact Name		Relationship to Child
Cell Phone	Home Phone	Business Phone

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

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

MEDICAL INFORMATION

Student's Name (First and Last)		Date of Birth
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
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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:	<input type="checkbox"/> Desitin	<input type="checkbox"/> What I provide
	<input type="checkbox"/> Boudreaux's	<input type="checkbox"/> 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.

Parent Signature	Date

## HEALTH REQUIREMENTS FOR ADMISSION TO DISCOVERY DAYS PRESCHOOL

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 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.

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 your 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.

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     | <input type="checkbox"/> Class Parties               |
| <input type="checkbox"/> Picture Day Assistance          | <input type="checkbox"/> Assist with School Programs |
| <input type="checkbox"/> Teacher Appreciation Assistance | <input type="checkbox"/> Help as Needed              |
| <input type="checkbox"/> Work as a Paid Substitute       |  |

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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