



ENROLLMENT APPLICATION

Please complete entire form, do not leave blanks. PRINT CLEARLY!

Child's Full Name _____	Date of Birth: _____
Child's Home Address: _____	City, State, Zip: _____
Child's Home Phone Number: _____	Date of Admission: _____
The child's birth certificate and immunization records will be required to be presented with this application	

Parent One Full Name: _____

Relationship to Child: _____

Work Phone Number: _____

Home/Cell Phone Number: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Place of Employment: _____

Parent Two Full Name: _____

Relationship to Child: _____

Work Phone Number: _____

Home/Cell Phone Number: _____

Address: _____

City, State, Zip: _____

Email Address: _____

Place of Employment: _____

Is there a custody order on file with The State of Texas? (circle) YES NO PENDING

*If circled YES, a current copy of your court order MUST be attached

Emergency Contact and Authorization to pick up Please list 3 local individuals to contact in the event of an emergency

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Permissions (Please circle)

I hereby give / do not give consent for my child to be transported and supervised by the operations employees for (please circle all that apply) Emergency Care Field Trips To and From School

I hereby give / do not give consent for my child to participate in field trips Yes No

I hereby give / do not give consent for my child to participate in water activities (please circle all that apply) Sprinkler Play Water Table Play

I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

Parent's Signature _____ Date: _____

I understand that breakfast (8:30), lunch (11:30) and afternoon snack(2:30) will be served.

Parent's Signature _____ Date: _____

Parent or Legal Guardian Signature _____ **Date:** _____

Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician _____ Emergency Medical Care Facility _____

Address _____ Address _____

Phone _____ Phone _____

I give consent for the facility to secure an and all necessary emergency medical care for my child.

Parent Signature _____ Date _____

Attendance

My child will normally be in attendance the following days and times:

Monday from: _____ to: _____

Tuesday from: _____ to: _____

Wednesday from: _____ to: _____

Thursday from: _____ to: _____

Friday from: _____ to: _____

Special Needs

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, and medication prescribed for long-term continuous use, and any other information which caregivers should be aware of: If not applicable, initial here _____

I give consent for the facility to post my child's allergies in the classroom, kitchen and office.

Parent Signature _____ Date _____

Photo Release

From time to time, photos will be taken of children, staff and center activities. Leap Ahead Learning requests permission to use these photos for scrapbooks, center related videos, Leap Ahead Learning's Facebook page, webpage, marketing / promotional purposes, etc.

_____ I authorize the use of MY CHILD'S photograph / video to be used by Leap Ahead Learning and waive any consideration due

_____ I do NOT authorize the use of MY CHILD'S photograph / video to be used by Leap Ahead Learning

Parent Signature _____ Date _____

School Age Children

My child attends the following school:

Name of school _____

Address, City, Zip and Phone _____

My child's immunization records, vision, and hearing screenings are on file at the school and are current.

Parent Signature _____ Date _____

Parent or Legal Guardian Signature _____ Date: _____