



## Enrollment Application

For Official Use Only	
Date of Registration	___/___/___
Date of Admission	___/___/___
Date of Withdrawal	___/___/___

### General Information

First Name:	Middle Name:	Last Name:
Nickname:	Date of Birth:	Gender: <input type="radio"/> Male <input type="radio"/> Female
Home Address:	City:	Zip Code:
Child Lives With: <input type="radio"/> Both Parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian		Custody Documents on File? <input type="radio"/> Yes <input type="radio"/> No

*Note: If Heart of Jesus Preschool must contact either of the primary contact persons, Heart of Jesus Preschool will contact Primary Parent #1 Phone first and then contact Primary Parent #2 next.*

### Primary Contact #1

First Name:	Last Name:	Relationship to Child:
Address (if different then child's):		Authorized Pick Up: <input type="radio"/> Yes <input type="radio"/> No
Email Address:	Place of Employment:	Date of Birth:
	Phone #1 <input type="radio"/> cell <input type="radio"/> home <input type="radio"/> work	Phone #2 <input type="radio"/> cell <input type="radio"/> home <input type="radio"/> work

### Primary Contact #2

First Name:	Last Name:	Relationship to Child:
Address (if different then child's):		Authorized Pick Up: <input type="radio"/> Yes <input type="radio"/> No
Email Address:	Place of Employment:	Date of Birth:
	Phone #1 <input type="radio"/> cell <input type="radio"/> home <input type="radio"/> work	Phone #2 <input type="radio"/> cell <input type="radio"/> home <input type="radio"/> work

*Note: If either Primary Contact Person is NOT authorized to pick up the child, a copy of the court order must be provided to Heart of Jesus Preschool indicating that above-named Primary Contact Person is not authorized to pick up the child.*

### Emergency Contact (other than Primary Contact #1 and #2)

Name of Emergency Contact:	Relationship:	Area Code and Phone No.:
Address:		Authorized Pick Up: <input type="radio"/> Yes <input type="radio"/> No

*Note: In the event neither Primary Contact Person #1 nor Primary Contact Person #2 can be reached, Heart of Jesus Preschool will contact the alternate emergency contact listed above.*

## Individuals Authorized To Pick Up

I authorize Heart of Jesus Preschool **to release** my child to leave the childcare operation **ONLY** with the following persons. Please list the name and phone number for each. Child will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.

Name:

Area Code and Phone No.:

Name:

Area Code and Phone No.:

Name:

Area Code and Phone No.:

## Consent Information

In the event that I cannot be reached to make arrangements for emergency medical treatment, **I give consent to Heart of Jesus Preschool to seek emergency medical attention for my child.**

I understand that every effort will be made to contact me or my child's emergency contact before any action is taken, unless the situation requires immediate care. This consent is granted to ensure the safety and well-being of my child while in the care of Heart of Jesus Preschool.

\_\_\_\_\_  
Primary Contact Person's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Initials

Heart of Jesus Preschool uses 24-hour video recording throughout the premises for the safety and protection of our little learners and staff. These recordings are strictly confidential and are only reviewed in the event of an incident or concern. They are not used for any other purpose and are not publicly accessible.

\_\_\_\_\_  
Initials

I give consent for my child to participate in water table play and sprinkler play

## Pediatrician or Facility Care Information

Name:

Phone Number:

Address:

City:

Zip:

## Child Information and Health History

In accordance with the Minimum Standards and Guidelines from The Texas Department of Family and Protective Services, please list special problems or needs, including known allergies, existing illnesses, previous serious illnesses and injuries, any disabilities, any hospitalizations during the past twelve months, and any medication prescribed for long term continuous use, and any other information of which Heart of Jesus Preschool should be aware.

*If none, please write "NONE".*

---

---

---

**If your child has a food allergy that has been diagnosed by a doctor, a food allergy emergency plan for the child must be provided to Heart of Jesus Preschool.**

## Immunization Record

In accordance with the Minimum Standards and Guidelines from The Texas Department of Family and Protective Services, documentation on file at Heart of Jesus Preschool may be the original immunization record or a photocopy of the record.

A notarized Immunization Exemption issued by HHS will also be accepted in lieu of an immunization record. You may request the Affidavit Request for Exemption from School or Childcare Immunizations for Reasons of Conscience at <https://co-request.dshs.texas.gov/>

## Certificate of Health

A "Certificate of Health" form must be signed by a physician, health service or clinic stating that they have examined name child within the past year and find that he/she is physically able to take part in the Heart of Jesus Preschool program.

## Certificate of Vision and Hearing

Children who are four years of age by September 1st are required by The Special Senses and Communication Disorders Act to undergo a professional screening for vision and hearing problems annually. Visual acuity and sweep check results must be provided to Heart of Jesus Preschool and updated annually until he or she starts elementary school.

## General Release of Liability

By enrolling my child at Heart of Jesus Preschool, I agree to release and hold harmless Heart of Jesus Preschool, its owner, agents, and employees, from and against any and all claims, liabilities, or damages of any kind—including, but not limited to, injury, illness, or death of any person, and damage to or loss of property—arising out of or in any way connected to participation in the preschool program or any activities conducted by the preschool. This release applies to any situation that may occur directly or indirectly as a result of normal operations or program-related activities.

\_\_\_\_\_  
Primary Contact Person's Signature

\_\_\_\_\_  
Date

## Photo Release

Heart of Jesus requests permission to display photos of your child. We like to take pictures of the children playing and doing special activities and then display them in the classroom, our "Parents Only" GroupMe, social media, and website. This is a great way to share with parents what their children are doing when they are not here. Please indicate below that we may use your child's photograph for the uses mentioned above.

\_\_\_\_\_  
Initials

I grant permission for Heart of Jesus Preschool to use my child's photograph for the uses mentioned above.

## Acceptance of Enrollment Application

By signing below, I acknowledge that I have read, understood, and agree to comply with all of the policies, procedures, and terms outlined in the Heart of Jesus Preschool Enrollment Packet and Parent Handbook.

I understand that these guidelines are in place to ensure a safe, nurturing, and Christ-centered environment for my child and all children in care. I also understand that failure to follow these policies may result in termination of services.

I agree to communicate openly with the staff and to partner with Heart of Jesus Preschool in supporting my child's growth, development, and well-being.

I understand that this is a binding agreement for the duration of my child's enrollment.

\_\_\_\_\_  
Primary Contact Person Name

\_\_\_\_\_  
Primary Contact Person Signature

\_\_\_\_\_  
Date