

Office Use Only:

Date of Admission:



Tarrytown Children's Center Enrollment Form

Child Information

Last Name	First Name	Date of Birth	Age as of 9/1/2021	Sex M / F
Home Address	City/State	Zip Code	Home Phone #	

Parent/Guardian Information

List telephone numbers where parents/guardian may be reached while child is in care.

Mother

Father

Last Name	First Name	Last Name	First Name
Home Address (If different from Child)	Home Address (If different from Child)		
E-Mail address	E-Mail address		
Cell phone #	Cell phone #		
Mom's employer:	Dad's employer:		
Would you consider sharing your occupation with students during the year?	Would you consider sharing your occupation with students during the year?		

Pick Up List (other than parents)

I hereby authorize Tarrytown Children's Center to allow my child to leave ONLY with the following persons. Children will be released to a parent or person designated by the parent/guardian after verification of ID.

Name	Cell #	DL/ID# & State Issued By
1.		
2.		
3.		

Permission for field trips:

I hereby () give () do not give my consent for my child to participate in field trips, which only includes the library.

Comments: _____

X _____ **Parent / Guardian Signature**

Permission for participation in water activities:

I hereby () give () do not give my consent for my child to participate in water table play.

I hereby () give () do not give my consent for my child to participate in sprinkler play.

I hereby () give () do not give my consent for my child to participate in splashing/ wading pools.

X _____ **Parent / Guardian Signature**

Authorization for Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency medical, I authorize Tarrytown Children's Center to secure any and all necessary emergency medical care for my child.

Name of Physician:	Address:	Phone #:
Name of Emergency Hospital:	Address:	Phone #:

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

Signature of Parent or Guardian: _____

Emergency Contact (other than parent/guardian)

Give the name, address, and phone number of another responsible person to call if parent or guardian cannot be reached.

Name:	Address:	Phone #:	Relationship to child:
1.			
2.			
3.			

List any special problems that your child may have, such as allergies, special nutritional needs, existing illnesses, previous illnesses, injuries, and hospitalizations during the past 12 months. Include medications prescribed for continuous, long term use, and any other information which staff should be aware of.

Does your child have diagnosed food allergies? **Y/N** Plan submitted on _____

Immunization Record and Certificate of Health: (please read, check box, and sign below)

() I will provide Tarrytown Children's Center with an up-to-date immunization record and doctor statement of health three days prior to my child's first day of school.

X _____ **Parent / Guardian Signature**

**Parent Handbook and Discipline and Guidance Policy Acknowledgement:
(please read, check boxes, and sign below)**

() **Tarrytown Children's Center School Policies:** I have received a copy of the Tarrytown Children's Center Parent Handbook. I have read, understand, and agree to abide by the policies as stated in this document.

X _____ **Parent / Guardian Signature**

() **Tarrytown Children Center Discipline and Guidance Policies:** Tarrytown Children's Center follows the TX Dept. of Family and Protective Services Guidance and Discipline Policy which can be found on pages 3 and 4 of our Parent Handbook. I acknowledge that I have received a copy of this policy in the Tarrytown Children's Center Parent Handbook. I have read, understand, and agree to abide by the policies as stated in this document.

X _____ **Parent / Guardian Signature**

Image Use of Photograph Release: (please read, check box, and sign below)

Image Use: I hereby () give () do not give my consent for my child to have his/her photograph taken and used on bulletin boards, class booklets, school publications, and school websites (this includes our Tarrytown Children's Center School Facebook and Instagram pages).

X _____ **Parent / Guardian Signature**

Financial Agreement: (please read and sign below)

By signing the Parent-School Financial Agreement, I recognize that tuition and fees must be current in order to ensure continuous enrollment. I understand tuition is due by the 10th of the month. Payments received after the 10th will incur a \$20 late fee.

X _____ **Parent / Guardian Signature**

School/Class Directory: (please read and fill out requested information)

I hereby () give () do not give my consent for my child's name and address to be printed in the Class Roster. I hereby () give () do not give my consent for the following to be printed in the Class Roster:

Mom's cell _____ Mom's email _____

Dad's cell _____ Dad's email _____

Tarrytown Children's Center Tuition 2021 -2022

(please read, check each box, and sign below)

() I understand that the policies described in the Parents Handbook contain important information regarding Tarrytown Children's Center. If at any time I have questions regarding these policies or would like to review and discuss them, I should contact the Tarrytown Children's Center Director.

() I understand that my relationship to Tarrytown Children's Center is voluntarily entered into and is subject to termination by me or the Tarrytown Children Center's staff at will, with or without cause, at any time that either the staff or I believe such action is appropriate. Such termination shall be subject to all the policies relating to termination of services.

() I acknowledge that I have received, read, and understand the policies contained in the Parent Handbook. I further agree to comply with these policies.

X _____ **Parent / Guardian Signature**

Tuition Agreement (please read, check box, and sign below)

() I agree to make my child's monthly tuition payment. This payment must be received by 1:00 p.m. on the 10th of every month.

I understand that a \$20.00 late fee will be charged should my payment be received after the 10th of the month. I also understand that I will be charged a \$30.00 insufficient funds fee should my payment not clear at the bank. I agree to pay any fees incurred within the calendar month in which they are charged.

X _____ **Parent / Guardian Signature**