

In Computer:

Start Date:

## Toddler/Preschool Enrollment Form

### Child's Info (please print)

Last:	First:	Child's Sex (Circle One) M / F	Date of Birth / /
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### Mother's Information

### Father's Information

Last:	First:	Last:	First:
Address:		Address:	
City/State:	Zip:	City/State:	Zip:
Home # ( )	<i>(please asterick best contact #)</i>	Home # ( )	<i>(please asterick best contact #)</i>
Work # ( )	Place of Employment:	Work # ( )	Place of Employment:
Cell # ( )		Cell # ( )	

**Allergies and Illnesses:** List any conditions that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medications prescribed for long-term continuous use, and any other information which staff should be aware of:

**Primary Emergency Contact:** Please provide the name, address and phone number of the primary person to call in case of an emergency if parents/guardian cannot be reached:

**Name:****Address:****Phone:****Relationship to Child:**

**Authorized Pick Ups:** In addition to parents/legal guardians, I hereby authorize New Braunfels Academy to allow my child to leave the facility with the following persons:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship to Child:** \_\_\_\_\_

1.

2.

3.

4.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**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

Physician:	Address:	Phone #
Hospital:	Address:	Phone #

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

By signing below, I am acknowledging I have read the policies on this page and agree to abide by them:

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**Health and Immunization:** One of the following must be presented within one week of admission.

*Please check only one option:*

1.  Health Care Professional Statement: I have examined the above named child within the past year and find that he/she is able to take part in the day care program.

Health Care Professional's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

2.  A signed copy of a health care professional's statement is attached.

**Check All That Apply:**

**Transportation:** I hereby  give  do not give my consent for my child to be transported and supervised by New Braunfels Academy \_\_\_ on field trips \_\_\_ for emergency care.

**Field Trips:** I hereby  give  do not give my consent for my child to participate in field trips

**Water Activities:** I hereby  give  do not give my consent for my child to participate in the following water activities: \_\_\_ sprinkler play \_\_\_ splashing/wading pools \_\_\_ swimming pools \_\_\_ other bodies of water provided

**Media Release:** I hereby  give  do not give permission for my child's name, picture, art, written work, voice, verbal statements or portraits (video or still) to appear in New Braunfels Academy class rooms, publications, videos or on the school's website.

**Communication:** I hereby  give  do not give permission to release my contact information to be used by New Braunfels Academy for communication purposes such as email notifications, newsletters, etc.

**Parent Contact:** I hereby  give  do not give permission to provide my contact information to other parents of New Braunfels Academy for play-dates, birthday parties, keeping in contact, etc.

**Parent Handbook and Operational Policies:**  By checking this box, I acknowledge that I have received a copy of Parent Handbook and Operational Policies. I confirm that I have read, and understand, and agree to abide by these policies.

**Toddler/Preschool Policies:** I understand that:

- It is required by State Licensing Regulations for my child to be signed in/out each day.
- When I am at New Braunfels Academy with my child, I agree to supervise my child at all times by being aware of them and keeping them within physical proximity.
- I cannot leave any child under the age of 12 years old unattended in a vehicle for any amount of time.

By signing below, I am acknowledging I have read the policies on this page and agree to abide by them:

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_