

Enrollment Application Cover Sheet

Please fill out this enrollment form completely and return it to the office on or before your child's first day. We must have a current copy of immunizations (or a notarized affidavit from health Services if you opt out of immunizing). We also must have a well child statement signed by your child's doctor. Please do not leave any portions blank, including the permission section. You can give or not give permissions but it must be signed either way.

***Just a note: we do not typically do field trips in age groups younger than age two, but occasionally the toddlers like to have a family outing. Also, when we do have field trips, parents are notified in writing at least two weeks in advance (typically 30 days), asked for additional permission for each outing (by signature) and also typically required to join us (most rooms need many drivers to do a field trip). Also, we do not use pools of any kind at CDC Duval, because the ratio for doing so is prohibitive. We use sprinklers, water tables, sinks, and occasionally the kids dig out a river or lake in the sandbox; these are the "other bodies of water" noted in the permissions sections of this form. In order to participate in a normal school day, your child will need permission for this. Once your child becomes an Explorer (or if you enroll as an Explorer) which is the 3.5 to 5 year old class, they will have access to a pool and will need permission to swim. All of those teachers are Swim Safety Certified.

Thank you and welcome to CDC!!!

Checklist:

- Current Immunization record or Notarized Affidavit (if you skip or delay shots)
- Enrollment Application filled out completely
- Include Doctor's Address and Phone Number
- Signed Health Statement (Well Child) from Doctor

APPLICATION OF ENROLLMENT

Children's Discovery Center/Discovery School

Date: / /

Child's Name: _____

Child prefers to be called : _____

Date of Birth: _____ Home Phone: _____

Home Address: _____ City: _____ Zip Code: _____

Parent's Names: _____

Mother/Father's occupation: _____

Place of Business: _____

Business Address: _____ City: _____ Zip Code: _____

Business Phone: _____ Texas Driver's License No.: _____

E-mail address _____ Social Security Number: _____

Cell phone/pagers: _____

Partner's Occupation: _____ Place of Business: _____

Business Address: _____ City: _____ Zip Code: _____

Business Phone: _____ Texas Driver's License No.: _____

E-mail address _____ Social Security Number: _____

Cell phone/pagers: _____

The Discovery Camp/Discovery Center South was recommended by: _____

Are parents living together, separated or divorced: _____

If separated or divorced, who has custody of the child: _____

Please list home address and phone number of other parent: _____

In case of an emergency and parents cannot be reached, please contact one of the following people:

Please list local friends and relatives:

Name: _____

Address: _____ City: _____ Zip Code: _____

Phone: Work: _____ Home: _____

Name: _____

Address: _____ City: _____ Zip Code: _____

Phone: Work: _____ Home: _____

Does your child have any medical problems we should be aware of? (i.e. allergies to food or insects, hay fever, asthma, existing illnesses, previous serious illness or injuries, hospitalizations during the past 12 months or any medications prescribed for long term, continuous illness, etc..)

What arrangements have you made for child care when your child is ill and you are unable to leave work at any particular time?

Since we will spend a considerable amount of time with your child during the week, we feel it is important to know as much about him/her as possible. This is especially helpful to the teacher during the first few weeks of school. The teacher can utilize this information in making the child's adjustment easier. This is also important when the child is feeling ill or just homesick. Please tell us about your child likes, dislikes, habits, pacifiers, favorite stuffed animals, or any other pertinent information that might help make the transition to our school a little easier.

Siblings:

Name _____ Age: _____

Name: _____ Age: _____

Pets: (name, type, color, etc....) _____

Child's preferences: (i.e. snacks, games, songs, etc ...)

Child's dislikes or fears:

Does your child have any birthmarks or scars, and where:

What discipline policy do you use at home:

If your main language at home is not English, please list important words for us: (Bathroom needs, food, mom, dad, etc.)

PARENT CONFERENCES AND PARENTAL INVOLVEMENT

Parent/Teacher conferences will be held twice a year to review your child's learning portfolio. Parental involvement is essential to our school and to the quality of your child's education so we ask that you take an active role in our school. We will have monthly parent group meetings in the evenings as well as many other ways to become involved in our school. We will be sending different forms of communication home every day and we encourage parents to spend as much time as they can at our school.

AUTHORIZATION FORMS AUTHORIZATION FOR THE RELEASE OF YOUR CHILD

When my child, _____, is brought to The Discovery School or Children's Discovery Center, I agree to always leave him/her with a staff member and acknowledge the arrival with that staff member (do not let your child in the gate and leave without talking to a staff member). The child shall only be released to the parents or people listed in the space below. I agree to notify the center if anyone other than these people will be picking up my child.

Names of friends or relatives allowed to pick up my child when in the care of The Discovery School or Children's Discovery Center:

HEALTH STATEMENT

My child, _____, has been examined by a licensed physician within the past year or has been examined in a clinic or is enrolled in an on-going health program. My child is physically able to take part in the program provided by The Discovery School or Children's Discovery Center. My child will continue to receive required immunizations while enrolled in this facility and agree to submit all immunization records to the Director for photocopying PRIOR to enrollment realize that I may not be permitted to enroll without immunization records. The date of his/her last physical examination: _____

EMERGENCY MEDICAL AUTHORIZATION

In the event I cannot be reached to make arrangements for emergency medical treatment for my child, _____, I hereby authorize any staff member of The Children's Discovery Center or other capable adult or emergency medical attendant to transport my child to the nearest medical facility and request any necessary medical treatment in the event of an emergency. I request that he/she is taken to the following medical centers, if possible, for treatment: _____.

Physician's Name: _____ Telephone: _____
Address: _____

The hospital or emergency facility I prefer is:

Name: _____ Telephone: _____

Signature of Parent or Guardian: _____ Date: _____

I agree to provide a current record of immunizations for my child to the director of The Children's Discovery Center PRIOR to the first day of enrollment, along with this completed application. I also agree to follow the immunization schedule as required by the Department of Human Services as outlined in the Parent Handbook.

I understand that upon withdrawal of my child from The Children's Discovery Center, a thirty day, written notice must be given to the Director and coincide with a semester break. I understand that if this notice is not given, I forfeit my enrollment deposit.

I understand The Children's Discovery Center observes most of the AISD calendar for holidays. I understand that tuition is not prorated for these holidays and teacher in-service days (a yearly calendar is published every September) as well as weather related closings.

I agree to provide all necessary documentation as required by the Department of Human Services prior to my child's enrollment.

I understand when I sign below that I am acknowledging the policies stated within this document and I agree to abide by them for so long as my child is enrolled in The Children's Discovery Center.

I will bring in this Application of Enrollment ON or BEFORE my child's first day of school.

Signature of Parent or Guardian: _____

Date: _____

Signature of Parent or Guardian: _____

Date: _____

HEALTH REQUIREMENTS

ADMISSION REQUIREMENT: One of the following must be presented when your child (under the age of 5 years) is admitted to the day care facility or within one week of admission. Check to indicate the option you select.

_____ **DOCTOR'S STATEMENT:** I have examined the above named child within the past year and find that she/he is physically able to take part in the day care program.

Physician's Signature

Date

_____ A copy of the medical screening form of the Early and Periodic Screening, Diagnosis and treatment (EPSDT) Program. If no referral for further diagnosis and treatment is indicated.

_____ A form or written statement from a health service or clinic.

If you do not have any of the above:

_____ **PARENT'S STATEMENT:** My child has been examined within the past year by a licensed physician and is able to participate in the day care program:

Name and address of Physician OR address of the EPSDT Screening Site:

_____ Within the next 12 months, I will obtain a physician's statement, a copy of the medical screening form from the EPSDT Program, or a form or statement from a health service or clinic and will submit it to the day care facility.

OR

_____ My child has an appointment for a physical examination.

Date

Name and Address of Physician OR Address of ESPDT Screening File

I will submit the physician's statement, EPSDT form, or health service or clinic form to the day care facility following the examination.

Signature of Parent or Legal Guardian

Date

CHECK ALL THAT APPLY: *please see cover letter for details

____ TRANSPORTATION: I hereby ____ give ____do not give my consent for my child to be transported and supervised by facility's staff:

____ on field trips ____ to and from home ____ to and from school

____ WATER ACTIVITIES: I hereby ____ give ____do not give my consent for my child to participate in water activities:

____ splashing pools ____ wading pools ____ swimming pools

____ other bodies of water provided by the facility (sensory tables, sprinklers, etc)

____ FIELD TRIPS: I hereby ____ give ____do not give my consent for my child to participate in Field Trips: ** Field trips require advance notice and additional permission signatures. Also, we provide ample notice and often need you to join us!

Parents Comments:

➤ Signature of Parent or Legal Guardian

____ SCHOOL-AGE CHILDREN: My child attends the following school and her/his immunization record is on file at the school an all immunizations and tuberculosis test are current.

Name of School and Address

School Ph. #

➤ Signature of Parent or Legal Guardian

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