

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. 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.

A few notes:

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).

We only have pools at CDC South and Discovery School. Children in the Redbuds and Snapdragons (at CDC South) and Explorers (at Discovery School) classes make use of these pools and will need permission to swim. Teachers in these classes are Swim Safety Certified.

At all campus we use sprinklers, water tables, sinks, and occasionally the kids dig out a river or lake in the sandbox. These are the "other water activities" noted in the permissions sections of this form. In order to participate in a normal school day, your child will need permission for this.

Thank you and welcome to CDC!!!

Checklist:

- Current Immunization record
- Enrollment Form filled out completely (including Doctor's Address and Phone Number)
- Signed Health Statement (Well Child) from your child's doctor



[for admin only]  
date of enrollment:

\_\_\_central \_\_\_south \_\_\_disco

## Enrollment Form

---

Date	
Child's full name (first, middle, last)	
Child prefers to be called	
Child's birth date	
Child's home address	

Parent name	
Address	
Phone Number	
Occupation	
Work or alternate phone	
Email address	

Parent name	
Address	
Phone number	
Occupation	
Work or alternate phone	
Email address	

Parents live together/separated/divorced?	
If separated/divorced, who has custody or what is the custody arrangement?	

In case of emergency and parents cannot be reached, please contact one of the following local friends/relatives:

Emergency Contact Name	
Address	
Phone number	
Relationship to parent/child	

Emergency Contact Name	
Address	
Phone number	
Relationship to parent/child	

\_\_\_\_(initial) **AUTHORIZATION FOR THE RELEASE OF YOUR CHILD**

When my child, \_\_\_\_\_, arrives each day, I agree to always leave him/her with a staff member and acknowledge the arrival with that staff member.

My child shall only be released to the parents, or people listed in the space below:

Name

Phone Number

---

---

---

---

\_\_\_\_(initial) I agree to notify the center if anyone other than these people will be picking up my child.

\_\_\_\_(initial) **TRANSPORTATION:** I hereby give my consent for my child to be transported by bus and supervised by facility's staff: on field trips and to/from campuses (parents will be giving additional notice and details prior to off campus field trips)

\_\_\_\_(initial) **WATER ACTIVITIES 1:** I hereby give my consent for my child to participate in water activities: splashing, wading pools, other water activities provided by the facility (sensory tables, sprinklers, etc.)

\_\_\_\_(initial) **WATER ACTIVITIES 2:**

\_\_\_\_ I GIVE my consent  
\_\_\_\_ I DO NOT give my consent  
for my child to swim in the pool  
(while wearing a life jacket)

If my child is able to pass a swim test administered by the staff  
\_\_\_\_ I GIVE my consent  
\_\_\_\_ I DO NOT give my consent  
for my child to swim without the assistance of a lifejacket

\_\_\_\_(initial) 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 Children's Discovery Centers. My child will continue to receive required immunizations while enrolled in this facility and I agree to submit all immunization records to the director to enrollment. I realize that I may not be permitted to enroll without immunization records.

The date of his/her last physical examination: \_\_\_\_\_

\_\_\_\_(initial) 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 Children's Discovery Centers 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.

Pediatrician's Name: _____
Telephone: _____
Address: _____
The hospital or emergency facility I prefer is: _____
Telephone: _____
Signature of Parent or Guardian: _____
Date: _____

\_\_\_\_(initial) I agree to provide a current record of immunizations for my child to 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.

\_\_\_\_(initial) I understand that upon withdrawal of my child from Children's Discovery Center, a thirty-day, written notice must be given. I understand that if this notice is not given, I forfeit my enrollment deposit.

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

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 Children's Discovery Center.

Parent name	
Parent signature	
Date	

## About My Child

---

Describe your child's temperament.

---

---

---

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? How does your child respond?:

---

---

---

Food allergies/sensitivities we should be aware of. Please include dietary restrictions (vegetarian, no pork, etc.)

---

---

---

Any medical problems we should be aware of? Previous serious injury, illness, hospitalization during the past 12 months, or medications prescribed for long-term, continuous illness?

---

---

---

Is your child receiving any early interventions? Occupational therapy, speech therapy, etc. If so, please describe.

---

---

---

Has your child previously been in childcare? If so, why are you opting to change programs?

---

---

---

Does your child have any restrictions or limitations to their activities? Do they require any accommodations or use any adaptive equipment? Any physical, cognitive, or mental conditions that may warrant prevention or intervention while the child is in care? (if so please list symptoms or indicators of potential complications)

---

---

---

Anything else we should know?

---

---

---

Siblings' names and ages:

---

---

---

Pets: \_\_\_\_\_

Parent name	
Parent signature	
Date	