



823 Towne Court  
Saginaw, Texas 76179  
(682) 286-9662  
www.EndlessDiscoveriesCDC.com

## REGISTRATION AND ENROLLMENT FORM

Date of Enrollment: \_\_\_\_\_

### CHILD INFORMATION:

Child's Name: \_\_\_\_\_ Sex: M F

(FIRST, MI, LAST)

Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_

(INCLUDE CITY & ZIP CODE)

Hours and days in which child will be in care: \_\_\_\_\_

### SPONSOR (PARENT/GUARDIAN) INFORMATION:

1. Sponsor Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Mobile Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

(INCLUDE CITY & ZIP CODE)

DL #: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Employer's Address: \_\_\_\_\_

2. Sponsor Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Mobile Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

(INCLUDE CITY & ZIP CODE)

DL #: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Employer's Address: \_\_\_\_\_

**EMERGENCY INFORMATION:**

Please give names of persons to call, other than sponsors listed above, in case an emergency should arise and the sponsors cannot be reached.

Emergency Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

I hereby authorize the release of my child to leave the school ONLY with the following people:

1) \_\_\_\_\_ DL#: \_\_\_\_\_ Phone: \_\_\_\_\_

2) \_\_\_\_\_ DL#: \_\_\_\_\_ Phone: \_\_\_\_\_

3) \_\_\_\_\_ DL#: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERSONAL INFORMATION:**

Please list any allergies your child has:

\_\_\_\_\_  
Please list any special needs your child has:

\_\_\_\_\_  
Medications: \_\_\_\_\_

Note: Any medications brought by the parents must be in their original container, labeled with the child's name, labeled with the date (prescriptions), include directions for administering, and have doctor's consent if prescription medication.

**AGREEMENTS:**

I agree to pay tuition  Monthly (Due on the 1st)  
 Bi-Monthly (Due on the 1st & 15th - \$10 additional bi-monthly payment fee)

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
DATE

I agree to keep my child's immunization records up-to-date and supply the school with updated immunization records whenever immunizations are given to my child.

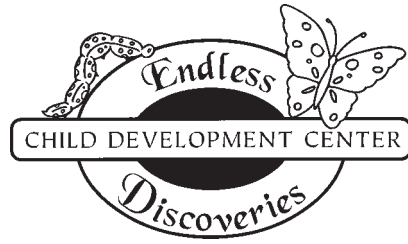
\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
DATE

I hereby grant permission to Endless Discoveries Child Development Center to photograph and/or videotape my child for school purposes.

\_\_\_\_\_  
SPONSOR SIGNATURE

\_\_\_\_\_  
DATE



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## Health Requirements

Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Enrolling parent/guardian's name \_\_\_\_\_

Address \_\_\_\_\_ Tel. \_\_\_\_\_

Physician's name \_\_\_\_\_ Address \_\_\_\_\_ Tel. \_\_\_\_\_

Dentist's name \_\_\_\_\_ Address \_\_\_\_\_ Tel. \_\_\_\_\_

Before your child can attend Endless Discoveries Child Development Center, you must present a signed current immunization record and a statement from a physician that your child is physically able to take part in our program.\* Hearing and Vision Screenings are required for children age 4 and above. A copy of the results of these screenings must be kept on file at the child care center.

My child's shot records are on file at \_\_\_\_\_ (public school).

IMMUNIZATIONS	DATE / DOSE 1	DATE / DOSE 2	DATE / DOSE 3	DATE / BOOSTER	DATE / BOOSTER
DTP / DTaP / DT					
POLIO – IPV or OPV					
MEASLES – Rubeola / Serampion					
MUMPS					
RUBELLA					
Hib					
HEPATITIS A					
HEPATITIS B					
PNEUMOCOCCAL CONJUGATE					
TB TEST	<input type="checkbox"/> POSITIVE	<input type="checkbox"/> NEGATIVE	_____ Date Given	_____ Date Read	
VARICELLA					

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement:

My child had varicella disease (chickenpox) on or about (date) \_\_\_\_\_ and does not need the varicella vaccine.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature – Physician or Health Personnel \_\_\_\_\_ Date \_\_\_\_\_ Signature – Staff Making Handwritten Copy of Record \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Statement: I have examined the above named child within the past year and find that he/she is physically able to take part in the school's program.

Signature – Physician \_\_\_\_\_ Date \_\_\_\_\_

\* If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunization and/or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a physician to that effect) and attach it to this form.

**Observe Your Child before Coming to School.** One of the most important steps in avoiding the spread of disease is observation. Each day before you bring your child to school, make careful observations about your child. If the child just isn't himself or herself, check to see if any other apparent symptoms, especially fever, are present.

<b>An ill child must not be admitted for care if one or more of the following exists:</b>	
<ol style="list-style-type: none"> <li>1. The illness prevents the child from participating comfortably in school activities.</li> <li>2. The illness results in a greater need for care than the staff can provide without compromising the health, safety and supervision of the other children.</li> <li>3. If the child's oral temperature registers 100.0 degrees or more (armpit temperature of 99.0 degrees or above), the child should stay home.</li> <li>4. If your child's oral temperature is 99.4 to 99.9 degrees (armpit temperature 98.4 to to 98.9), with any of the symptoms listed below, or if any of the symptoms marked with ★ are present, regardless of fever, the child should not come to school.               <ul style="list-style-type: none"> <li>★ a. Diarrhea, defined as two or more loose, watery bowel movements within a one-hour period</li> <li>b. Sore and reddened throat, with possible raspiness</li> <li>★ c. Reddened eyes with discharge or crusted eyelids</li> <li>d. Earache, sometimes indicated by child rubbing or pulling at ear</li> </ul> </li> </ol>	<ul style="list-style-type: none"> <li>e. Stomachache</li> <li>f. Nausea and/or vomiting</li> <li>g. Listlessness or lack of appetite</li> <li>★ h. Rashes in any form (small pinpoint or large blisters) located in facial or abdominal areas or possibly covering the total body</li> <li>i. Coughing, sneezing, and runny nose</li> </ul> <ol style="list-style-type: none"> <li>5. Other problems requiring a child to stay at home so treatment may be started include the following:               <ul style="list-style-type: none"> <li>a. Lice – small, gray-white insects on the scalp causing itching and usually accompanied by eggs attached in groups to hair shafts</li> <li>b. Scabies – mites living under the skin surface appearing as small red dots, usually between the fingers, causing intense itching</li> <li>c. Ringworm – a fungus of the scalp or body causing a characteristic “round” shape of reddened scaly skin</li> <li>d. Pinworms – intestinal worms depositing eggs visible to the eye on the perineum or in the feces causing rectal itching</li> <li>e. Impetigo – one single or a cluster of small blisters which will break, drain, and become crusted</li> </ul> </li> </ol>

**If Your Child Becomes Ill at School.** Using the above guidelines, the teacher may determine that your child is too sick to remain at school. If this happens, you will be contacted and asked to pick up your child within one hour.

**When Your Child Can Return to School.** *Your child may return to school with a doctor's release indicating that your child is not contagious. Or, your child may return once he or she is free of fever, diarrhea and vomiting for 24 hours.*

**Immunizations.** All children must receive the required immunizations prior to admission. Health records signed by your physician must be on file by the first day of your child's attendance. You are responsible for keeping your child's immunizations up-to-date and for giving the school director updated written statements about new immunizations signed by the doctor.

**I have received and read the Endless Discoveries Child Development Center Health Policy, and I will comply with it.**

**Child's Name** \_\_\_\_\_

**Signature of Child's Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_



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## EMERGENCY FORM

In the event of an emergency, I give permission to Endless Discoveries Child Development Center to obtain appropriate medical treatment for \_\_\_\_\_ .  
CHILD'S FULL NAME

I release and hold harmless Endless Discoveries Child Development Center for any necessary actions.

Doctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(INCLUDE CITY & ZIP CODE)

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(INCLUDE CITY & ZIP CODE)

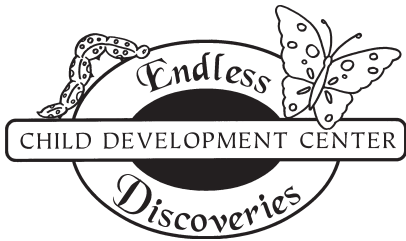
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

Picture of Child

I hereby authorize this document  
on this \_\_\_\_\_ day of \_\_\_\_\_ .

\_\_\_\_\_  
Signature of Notary



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## ENROLLMENT ACKNOWLEDGEMENT

This is to acknowledge that Endless Discoveries Child Development Center has provided me with a copy of the school handbook, including "Revisions to Parent Information Sheets" dated \_\_\_\_\_, and I have read, understood and agree to follow the following policies:

INITIALS

- \_\_\_\_\_ Our Philosophy and Goals
- \_\_\_\_\_ Organized Routines
- \_\_\_\_\_ Outside Play
- \_\_\_\_\_ Accreditation & Military Programs
- \_\_\_\_\_ Communication
- \_\_\_\_\_ Enrollment
- \_\_\_\_\_ Training
- \_\_\_\_\_ Health and Illness
- \_\_\_\_\_ Medications
- \_\_\_\_\_ Release Policy
- \_\_\_\_\_ Procedures for Medical Emergencies
- \_\_\_\_\_ Minimum Standards & Important Numbers
- \_\_\_\_\_ Transportation
- \_\_\_\_\_ Water Play
- \_\_\_\_\_ Pets
- \_\_\_\_\_ Security
- \_\_\_\_\_ Internet Viewing
- \_\_\_\_\_ Student Accident Policy
- \_\_\_\_\_ Yearly Updates
- \_\_\_\_\_ Gang-Free Zone
- \_\_\_\_\_ Volunteers/Parent Chaperones
- \_\_\_\_\_ Parental Visitation
- \_\_\_\_\_ Infant & Toddler Program
- \_\_\_\_\_ Preschool Program
- \_\_\_\_\_ Pre-Kindergarten Program

INITIALS

- \_\_\_\_\_ Private Kindergarten Program
- \_\_\_\_\_ Before-School and After-School Program
- \_\_\_\_\_ Summer Camp
- \_\_\_\_\_ Extracurricular Activities
- \_\_\_\_\_ Fees
- \_\_\_\_\_ Payment Methods
- \_\_\_\_\_ Hours of Operation
- \_\_\_\_\_ Sign In/Sign Out Procedures
- \_\_\_\_\_ Personal Items
- \_\_\_\_\_ School Calendar
- \_\_\_\_\_ Vacation
- \_\_\_\_\_ Meals, Snacks and Nutritional Needs
- \_\_\_\_\_ Bad Weather Days
- \_\_\_\_\_ Personal Belongings
- \_\_\_\_\_ Clothing
- \_\_\_\_\_ Non-Discriminating Policies
- \_\_\_\_\_ Discipline and Guidance
- \_\_\_\_\_ Damages
- \_\_\_\_\_ Withdrawal
- \_\_\_\_\_ Special Needs Children
- \_\_\_\_\_ Grievance Procedures
- \_\_\_\_\_ Child Assessments & Parent/Teacher Conferences
- \_\_\_\_\_ Program Improvement
- \_\_\_\_\_ Use of Media

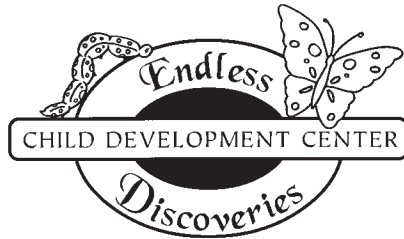
I hereby authorize this document on this

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Notary



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## Orientation Plan

Child's name \_\_\_\_\_

I acknowledge completing the following Orientation Plan policies:

- Tour of facility
- Introduction to teaching staff
- Parent visit with the classroom teacher
- Overview of parent handbook
- Discussion of expectations of family and the needs of the child
- Overview of available family support resources and activities
- Interpreter available if needed
- Opportunity for extended visit in the classroom by both parent and child for a period of time to allow both to be comfortable in the new surroundings

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

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## Consent Form

Child's name \_\_\_\_\_

I hereby  give  do not give consent for my child to be transported and supervised by the operations employees.

Check all that apply:  Emergency Care  Field Trips  To and From School – School that Child Attends \_\_\_\_\_

I hereby  give  do not give consent for my child to participate in field trips.

(Applicable to children aged 5 and above or enrolled in the Private Kindergarten/Kindergarten Prep Program)

I hereby  give  do not give consent for my child to participate in water activities.

Check all that apply:  Sprinkler Play  Splashing/Wading Pools  Swimming Pool  Water Table Play

I hereby  give  do not give consent for Endless Discoveries to publish special event photographs and videos on the Endless Discoveries Facebook page and the Endless Discoveries YouTube channel. With the sensitivity regarding this issue, Endless Discoveries will attempt to contact families on a case-by-case basis before posting to any social media site.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date