

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.

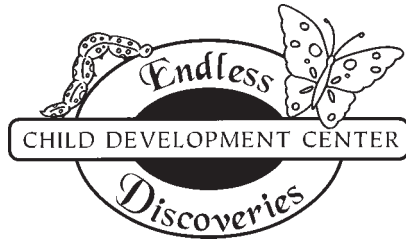
SPONSOR SIGNATURE

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.

An ill child must not be admitted for care if one or more of the following exists:	
<ol style="list-style-type: none"> 1. The illness prevents the child from participating comfortably in school activities. 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. 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. 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"> ★ a. Diarrhea, defined as two or more loose, watery bowel movements within a one-hour period b. Sore and reddened throat, with possible raspiness ★ c. Reddened eyes with discharge or crusted eyelids d. Earache, sometimes indicated by child rubbing or pulling at ear 	<ul style="list-style-type: none"> e. Stomachache f. Nausea and/or vomiting g. Listlessness or lack of appetite ★ h. Rashes in any form (small pinpoint or large blisters) located in facial or abdominal areas or possibly covering the total body i. Coughing, sneezing, and runny nose <ol style="list-style-type: none"> 5. Other problems requiring a child to stay at home so treatment may be started include the following: <ul style="list-style-type: none"> a. Lice – small, gray-white insects on the scalp causing itching and usually accompanied by eggs attached in groups to hair shafts b. Scabies – mites living under the skin surface appearing as small red dots, usually between the fingers, causing intense itching c. Ringworm – a fungus of the scalp or body causing a characteristic “round” shape of reddened scaly skin d. Pinworms – intestinal worms depositing eggs visible to the eye on the perineum or in the feces causing rectal itching e. Impetigo – one single or a cluster of small blisters which will break, drain, and become crusted

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)

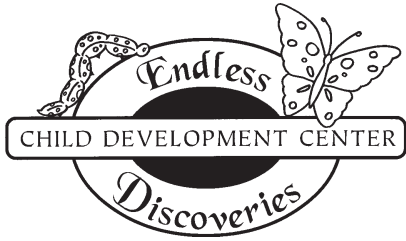
Phone Number: _____ Fax Number: _____

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, and I have read and understand the following policies:

INITIALS

- _____ Our Philosophy and Goals
- _____ Organized Routines
- _____ Outside Play
- _____ NAC Accreditation
- _____ 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
- _____ 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**

_____ day of _____

Parent Signature

Date

Signature of Notary