



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 #: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

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

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

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

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

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

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

**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  Weekly (Due on the Friday preceding care)  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 video-tape my child for school purposes.

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

\_\_\_\_\_  
DATE