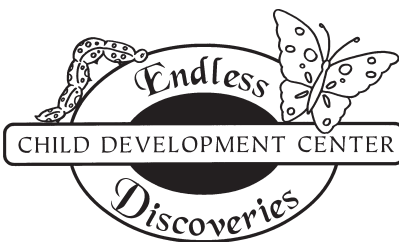


823 Towne Court
Saginaw, TX 76179
682-286-9662
www.EndlessDiscoveriesCDC.com



200 Commerce Street
Glen Rose, Texas 76043
254-436-8036
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: _____

☐ I give permission to Endless Discoveries to text me on the mobile number listed.

Mobile Carrier: _____

Home Address: _____
(INCLUDE CITY & ZIP CODE)

DL #: _____ Social Security #: _____ Relation to Child: _____

Employer: _____ Work Phone: (____) _____

2. Sponsor Name: _____ Home Phone: (____) _____

Mobile Phone: (____) _____ Email: _____

☐ I give permission to Endless Discoveries to text me on the mobile number listed.

Mobile Carrier: _____

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 videotape my child for school purposes.

SPONSOR SIGNATURE

DATE