



DESOTO CHILDREN'S ACADEMY

Enrollment Application

Please complete the entire form, do not leave blanks. PRINT CLEARLY!

Childs Full Name, Date of Birth, Childs Home Address, City, State, Zip, Childs Home Phone Number, Date of Admission. The child's birth certificate will NOT be required to be presented with this application for enrollment.

Parent One Full Name, Relationship to Child, Work Phone Number, Home/Cell Phone Number, Address, City, State, Zip, Email Address, Place of Employment. Parent Two Full Name, Relationship to Child, Work Phone Number, Home/Cell Phone Number, Address, City, State, Zip, Email Address, Place of Employment.

Is there a custody order on file with The State of Texas? (circle) YES NO PENDING. *If circled YES, a current copy of your court order MUST be attached

Emergency Contact and Authorization to pick up. Please list 3 local individuals to contact in the event of an emergency. Name, Address, City, State, Zip, Phone.

Permissions (please circle). I hereby give / do not give consent for my child to be transported and supervised by the operations employees for (please circle all that apply) Emergency Care Field Trips To and From School. I hereby give/do not give consent for my child to participate in field trips. I hereby give/do not give consent for my child to participate in water activities. (please circle all that apply) Sprinkler Play Splash Pad Swimming Pool Water Table Play

I acknowledge receipt of the facility's operational policies, including those for discipline and guidance. Parent Signature Date

I understand breakfast, morning snacks, lunch, and afternoon snacks will be served. Parent Signature Date

Parent or Legal Guardian Signature Date



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School Age Children My child attends the following school:

Name of School _____

Address, City, Zip, and Phone _____

My child's immunization records and vision and hearing screenings are on file at the school and are current.

Parent Signature _____ Date _____

Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to the following:

Name of Physician _____ Emergency Medical Care Facility _____

Address _____ Address _____

Phone _____ Phone _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature of Parent _____ Date _____

Attendance

My child will normally be in attendance on the following days and times:

Monday from: _____ to: _____

Tuesday from: _____ to: _____

Wednesday from: _____ to: _____

Thursday from: _____ to: _____

Friday from: _____ to: _____

Special Needs

List any particular problems that your child may have, such as allergies, existing illness, previous severe illness, injuries and hospitalizations during the past 12 months, and medication prescribed for long-term continuous use, and any other information that caregivers should be aware of: _____ If not applicable, initial here _____

I consent the facility to post my child's allergies in the classroom.

Parent Signature _____ Date _____

Photo Release

From time to time, our facility may take photographs for educational use. I consent for the facility to take photographs of my child and waive any due consideration.

Parent Signature _____ Date _____

Parent or Legal Guardian Signature

Date