

# ENROLLMENT INFORMATION

**United Methodist Temple Day School & Mother's Day Out**  
4101 Highway 73 ♦ Port Arthur, TX 77642 ♦ (409) 962-5762  
Nicole Miller, Director

<b>OFFICE USE ONLY</b>
Date of Admission
Date of Withdrawal

<b>CHILD'S NAME</b>	Nickname	Date of Birth	Child's Home Telephone No.
Child's Street Address		City	Zip
Parent's or Guardian's Name(s)		Child's Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Year of Enrollment</b> <b>2018-2019</b>
Parent's Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single		Church Affiliation	
List telephone numbers where Parents/Guardians may be reached while child will be in care:	Mother's Telephone No. Place of Employment/Occupation	Father's Telephone No. Place of Employment/Occupation	Guardian's Telephone No. (if different from home number)
Person to call in case of emergency and parent/guardian can't be reached:		Telephone No.	Relationship

I hereby authorize the day care facility to allow my child to leave the day care facility ONLY with the following persons. (NAME and PHONE NUMBER)

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<b>FOR IDENTIFICATION VERIFICATION ONLY</b>
Father's DL # _____
Father's SS # _____
Mother's DL # _____
Mother's SS # _____

<b>PLEASE READ, CHECK, AND SIGN:</b>	
<b>TRANSPORTATION:</b>	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent for my child to be transported and supervised by facility's staff in case of emergency evacuation. List any limitations/restrictions.
<b>WATER ACTIVITIES:</b>	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent for my child to participate in water activities at the end of the year (sprinklers and wading pool.) List any limitations/restrictions.
<b>LUNCH POLICY:</b>	I understand that in providing the lunch meal, I am responsible for its nutritional value and for meeting my child's daily food needs. Signature of Parent or Legal Guardian _____

Does your child have any special needs such as allergies to food, insect bites, or anything else, existing illnesses, prior serious medical conditions, take any medications, or other characteristics which staff should know to serve your child better?  No  Yes If Yes, please list all information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>		
In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:		
Name of Physician	Address	Phone
Name of Hospital	Address	Phone
I give consent for this facility to secure any and all necessary emergency medical care for my child.		
		_____ Signature of Parent or Legal Guardian

<b>I WISH TO ENROLL MY CHILD IN THE FOLLOWING PROGRAM:</b>		
<i>**Note that the 4-Year-Old Program is only offered 4 days a week**</i>		
<b>Mother's Day Out Program</b> 9 a.m. to 2 p.m. <input type="checkbox"/> Monday and Wednesday <input type="checkbox"/> Tuesday and Thursday <input type="checkbox"/> Monday, Tuesday, Wednesday, Thursday	<b>3 &amp; 4-Year-Old Preschool Program</b> 9 a.m. to 2 p.m. <input type="checkbox"/> Monday and Wednesday <input type="checkbox"/> Tuesday and Thursday <input type="checkbox"/> Monday, Tuesday, Wednesday, Thursday	<b>Registration Fee</b> <input type="checkbox"/> 2 days/week = \$180 <input type="checkbox"/> 4 days/week = \$270  <b><u>This fee is non-refundable.</u></b>

I have completed this form in its entirety and understand that I am enrolling my child in a state Licensed or Registered facility. All Operational Policies are stated in the Parent Handbook for convenient reference.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date