



Creative Starts Childcare LLC Enrollment Form

Enrollment Date: _____

Child's Information

Child's name: _____ Date of Birth: _____ Age: _____ Gender: M F

Child's home address: _____ Apt#: _____ City/Zip: _____

Parent/Legal Guardian Information

Name: _____

Name: _____

Relation to Child: _____

Relation to Child: _____

Address: _____

Address: _____

City/Zip: _____

City/Zip: _____

Home Phone #: _____

Home Phone #: _____

Cellular/ office #: _____

Cellular / office#: _____

DL #: _____

DL #: _____

Authorized to pick up child: Yes No*

Authorized to pick up child: Yes No*

**When a parent is NOT authorized to pick up we must have a copy of court documentation.
In the case of divorce or legal separation are you:*

(Check one) ___ managing conservator ___ possessors conservator ___ legal guardian

Adults or minor authorized to pick up child /or be contacted in case of emergency

Please Print Clearly. If under age 18, parent info of minor, and parent signature is required.

Name: _____ Address: _____

Relation to child: _____ DL #: _____ Cell Phone #: _____ Home #: _____

Name: _____ Address: _____

Relation to child: _____ DL #: _____ Cell Phone #: _____ Home #: _____

Parent of minor, Name: _____ Address: _____

DL#: _____ Phone #: _____ Cell Phone #: _____

Parent of minor signature: _____ Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

[] My child has a regular physician. Below is my primary care physicians information and preference of clinic / hospital of choice.

Name of Medical Office: _____ Physician: _____

Address: _____ Phone #: _____

Clinic or Hospital preference: _____ Address: _____

Please provide current medical Insurance information for your child:

Insurance Co: _____ Policy holder Name: _____

Policy number: _____ Group # _____ Phone # _____

Mother's date of birth: _____ Social Security #: _____ Driver License #: _____

Father's date of birth: _____ Social Security #: _____ Driver License #: _____

In the event that I cannot be reached I authorize **The creative Starts Childcare LLC/ Facility Director** to make medical decisions and or to take my child to the nearest emergency facility for treatment deemed necessary by the medical attendants.

Signature parent/ legal guardian: _____ Date: _____

Special needs/Accommodations

The Creative Starts Childcare LLC believes that each child in our care is a unique individual with special needs. Help us to provide the best care for your child by providing us as much information as possible. We strongly encourage you to meet with the director and visit the program prior to enrolling your child. Please give information about special problems and needs including: allergies, existing illness, previous serious illness, injuries, disabilities, hospitalizations in the last 12 months, long-term, continuous use medication etc. Please write N/A if none apply to your child.

Please explain if there are certain situations that may cause your child difficulty. How can we best work with you and /or your child to help in these situations? Does your child have any limitations or require any special provisions?

Does your child require any special accommodations? Yes No
If yes, please contact the center director.

Please read each statement below, check yes or no then sign and date at the bottom of the page.

My signature below gives my consent for my child to participate in water activities such as splashing pools, swimming pools and other bodies of water provided by the facility. Yes No

My signature below gives consent for my child to be photographed and/or video taped participating in the program. Yes No

My signature below gives consent to have periodic emails sent to me by the CSC LLC informing me about upcoming programs and/or events. Yes No

My signature below acknowledges my understanding that as a participant in a state licensed child care, my child's records may be reviewed and or photo copied by representatives of Texas Dept. of Protective and Regulatory Services.

My signature below acknowledges my receipt and my agreement to follow all the policies in the Parent Handbook which includes The Creative Starts Childcare LLC operational policies.

Parent Statement of Understanding:

I understand that the CSC LLC staff and volunteers are not allowed to baby-sit or transport children at any time outside of the CSC LLC program. I understand that state law mandates the Creative Starts Childcare LLC to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation. I understand that neither the Creative Starts Childcare LLC nor any of its paid or volunteer workers can be held responsible in the event of accidents or accidental death. The Creative Starts Childcare LLC strives to provide a safe and healthy environment for your child.

Agreement to Adhere to Payment Policies/Procedures:

Payments are due by the first of each month, or on the 1st and 16th if you are paying bi-weekly. When withdrawing from the program a written two week notice prior to your draft date must be turned in to the CSC LLC. No refunds will be issued to anyone withdrawing after the first day of the month.

My child's immunization record is on file with your program and all immunizations, tuberculosis test, and vision & hearing screening records are current. They meet the requirements of the Texas Department of Health.

I have read all the above guidelines and by signing I agree to abide by all the Creative Starts Childcare LLC policies:

Signature of Parent or Legal Guardian

Date