



The Woodlands Enrichment Center Preschool Enrollment Form

Child Information		Enrollment Date:	Disenrollment Date:
Child's Full Name		Date of Birth	Nickname
Address			
City, State, Zip			Home Phone
Desired Date to Begin Care		Full Time	Part Time
Child lives with:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian		

Enrollment Details (Circle all that apply)	Monday	Tuesday	Wednesday	Thursday	Friday
Drop-off Time:					
Pick-up Time:					

Parent Contact Info		Primary Contact Phone Number:	
Parent Name		Parent Name	
Street Address (if different from child)		Street Address (if different from child)	
City, State, Zip		City, State, Zip	
Home Phone	Cell Phone	Home Phone	Cell Phone
Work Place		Work Place	
Work Phone	Ext.	Work Phone	Ext.

Emergency Contact Info - **Please list contacts other than those who live with the child**

The following people are authorized to pick up my child and may be contacted in case of an emergency or illness in the event I cannot be reached.

Parent/Guardian Signature: _____

Contact Person 1:		Contact Person 2:	
Relationship to Child		Relationship to Child	
Primary Phone	Alt. Phone	Primary Phone	Alt. Phone
Address		Address	
Contact Person 3:		Contact Person 4:	
Relationship to Child		Relationship to Child	
Primary Phone	Alt. Phone	Primary Phone	Alt. Phone
Address		Address	

Child's Medical Coverage

Insurance Company Name		Member/Policy Number
Policy Holder Name		Employer Name
Insurance Company Name		Member/Policy Number
Policy Holder Name		Employer Name

Consent for Medical Care and Treatment

I give permission for the licensed provider or qualified staff to administer first aid/emergency medical treatment to my child/children.

Parent/Guardian Signature: _____ Date: _____

When I cannot be contacted, I authorize and consent to medical, surgical, and hospital care, treatment and procedure to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of Texas that this information is true and correct.

Parent/Guardian Signature: _____ Date: _____

Additional Authorized Pick-Ups

Name:	Primary Phone:
Relationship:	Alt. Phone:
Name:	Primary Phone:
Relationship:	Alt. Phone:

Back-up Care Provider

Name	Primary Phone:
	Alt. Phone:
Address:	

Person's Not Authorized for Pick-Up *Please Note:* Childcare provider **must** have a copy of the legal custody order in order to detain pick up from a parent.

Name		Name	
Relationship to Child		Relationship to Child	
Primary Phone	Alt. Phone	Primary Phone	Alt. Phone
Address		Address	

Child's Health Info

CHILD'S HEALTH RECORD: (A copy of your child's immunizations and current physical will be needed)

General state of health:

Doctor's name _____ Doctor's phone number _____

Dentists' name _____ Dentists' phone number _____

Are your child's immunizations up to date? _____

(Please attach a copy of immunizations. This should include the signature of nurse or doctor who administered medications.)

Does your child have any known allergies? _____

Are you concerned that your child may be prone to any type of allergies? _____

Describe: _____

Does your child have any medical conditions which I should be made aware of? _____

Is your child on any long-term medications? _____

Does your child have any speech, hearing or visual problems? _____

Does your child have any physical disabilities or developmental delays? _____

Would there be any restrictions to play or activities? _____

About Your Child

Has your child ever been in child care before? _____

What type (center, family daycare, grandma etc.) _____

Was it a positive experience? _____

What is your child's temperament? Are they easy going, hard to please, demanding, aggressive, etc?

Does your child usually nap? At what times? _____

Are there any food restrictions? _____

What is your child's favorite food? _____

What food does your child dislike? _____

Is your child potty trained? _____

What words does your child use for: Bowel movements _____ Urination _____

Has your child had experience playing with other children? _____

What language(s) are spoken at home? _____

Does your child have any security objects such as a blanket, soother, bottle, toy etc. ?

What are your child's favorite activities, toys, books, or games?

Are there any other comments or information you would like to let me know about?

