



10555 Spring Cypress Road, Houston, TX 77070

Phone: 281 378 4080 Fax: 281 378 4081

### Enrollment Form 2020-2021

### Ages 3 months—33 months

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

Registration Fees are Non-Refundable for any reason.

**Office Use Only**

Reg. # \_\_\_\_\_ Date \_\_\_\_\_

Fees paid \_\_\_\_\_

Check# \_\_\_\_\_ Cash \_\_\_\_\_

Paperwork: HF HS SR

**Child's Full Name** Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Child's Age on September 1, 2020: \_\_\_\_\_ Gender: M / F  
 Child's Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 Child's Home Phone Number \_\_\_\_\_ Date of Admission \_\_\_\_\_

<b>Mother's Full Name</b> _____	<b>Father's Full Name</b> _____
Mother's Home Phone Number _____	Father's Home Phone Number _____
Mother's Work Phone Number _____	Father's Work Phone Number _____
Mother's Cell Phone Number _____	Father's Cell Phone Number _____
Mother's Address _____	Father's Address _____
Mother's City, State, Zip _____	Father's City, State, Zip _____
Mother's Email Address _____	Father's Email Address _____
Place of Employment _____	Place of Employment _____

**Is there a custody order on file with the State of Texas? (circle) YES NO PENDING**  
*\*If YES, a current copy of your court order must be attached*

**Attendance:** My child will be in attendance 9:00 am to 2:30 pm.

	<u>Before Care</u>	<u>After Care</u>
<b>Monday</b> _____	<b>Monday</b> _____	<b>Monday</b> _____
<b>Tuesday</b> _____	<b>Tuesday</b> _____	<b>Tuesday</b> _____
<b>Wednesday</b> _____	<b>Wednesday</b> _____	<b>Wednesday</b> _____
<b>Thursday</b> _____	<b>Thursday</b> _____	<b>Thursday</b> _____
<b>Friday</b> _____	<b>Friday</b> _____	<b>Friday</b> _____
<b>Before Care: (Circle)</b>	<b>7:00 am-8:00 am</b>	<b>8:00 am-9:00 am</b>
<b>Extended Care: (Circle)</b>	<b>2:30 pm-4:00pm</b>	<b>2:30pm-5:00pm</b> <b>2:30pm-6:00pm</b>

**Are you a current active Member of Windwood Presbyterian Church? Yes\_\_\_ No\_\_\_**

**Emergency Contact and Authorization to pick up** *Please list local individuals to contact in the event of an emergency, names must match the ID shown.*

**REL: Relationship to Child (Grandparent, Caregiver, Neighbor)**

Legal Name \_\_\_\_\_ REL: \_\_\_\_\_ Phone \_\_\_\_\_

Legal Name \_\_\_\_\_ REL: \_\_\_\_\_ Phone \_\_\_\_\_

Legal Name \_\_\_\_\_ REL: \_\_\_\_\_ Phone \_\_\_\_\_

Legal Name \_\_\_\_\_ REL: \_\_\_\_\_ Phone \_\_\_\_\_

Legal Name \_\_\_\_\_ REL: \_\_\_\_\_ Phone \_\_\_\_\_

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

\_\_\_\_\_  
Date



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Child's Name \_\_\_\_\_

I understand that a morning snack will be served. If attending extended care an afternoon snack will also be served.

Parent Initial: \_\_\_\_\_

**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 (3 year old)

I hereby give / do not give my consent for my child to participate in field trips (3 year old and up)

I hereby give / do not give my consent for my child to participate in water activities

(please circle all that apply) Sprinkler Play Splashing/Wading Pools Water Table Play

Parent Initial: \_\_\_\_\_

**Photo and Social Media Release**

From time to time our staff may take photographs/videos for classroom/school and social media (School websites, Facebook, You Tube, Instagram) purposes. Your child's name will not be used on Social Media.

I Give \_\_\_\_ Do Not Give \_\_\_\_ my consent for the staff to take photographs/videos of my child.

Please be aware that if the staff cannot take photographs of your child you will not receive a memory book at the end of the school year.

Parent Initial: \_\_\_\_\_

**Outside Employment**

I understand that the staff at this facility are prohibited in participating in outside employment with parents.

Parent Initial: \_\_\_\_\_

**Social Networking with Staff**

I understand that the staff at this facility are prohibited in participating in social networking activities with parents or children enrolled at the facility. (Such as Facebook, Twitter, Instagram).

Parent Initial: \_\_\_\_\_

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Your child is not considered to be enrolled and does not have a slot until the Registration Fees are paid in full.

Two weeks notice in writing is required if you withdraw your child.

There will be a \$25 charge for each class change made after April 1, 2020

We are unable to accept New Students under the age of 3 that require an Epipen for severe allergies.

**Registration Fees are NON-REFUNDABLE for any reason.**

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

\_\_\_\_\_  
Date



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**Authorization for Emergency Medical Care 2020-2021**

**Authorization for Medical Attention**

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take: **Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

to:

Name of Physician \_\_\_\_\_ Emergency Care Facility \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

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

Medical Insurance Coverage : If yes complete the following: **Company:** \_\_\_\_\_

**ID#** \_\_\_\_\_ **Group or Account#** \_\_\_\_\_

We do not have Medical Insurance coverage: \_\_\_\_\_ (*initial*)

**Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Special Needs**

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, and medication prescribed for long term continuous use, and any other information which caregiver's should be aware of: **If not applicable, initial here** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child use an EpiPen for Allergic Reactions? Yes** \_\_\_\_ **No** \_\_\_\_ (*See Handbook*)

**Signature of Parent** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please attach a current photo of your child.**





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**Physician's Statement 2020-2021**

**Name of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

*I have examined the above child within the past year and find that he/she is able to take part in the preschool program.*

**Health Care Professional Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Health Care Professional Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Age > Vaccine ∨	0-2 mths Date Given	By 3 mths Date Given	By 5 mths Date Given	By 7 mths Date Given	By 16 mths Date Given	By 19 mths Date Given	By 25 mths Date Given	By 43 mths Date Given	By 59 mths Date Given
Hepatitis B									
Rotavirus									
Diphtheria, Tetanus, Pertussis									
Haemophilus Influenza type B									
Pneumococcal									
Inactivated Polio									
Influenza									
Measles, Mumps Rubella									
Varicella									
Hepatitis A									
Meningococcal									

TB Test (if required) please circle Positive Negative Date \_\_\_\_\_

**Signature or Stamp of a physician or public health personnel verifying immunization information above.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella (chickenpox) on or about (date) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Complete ONLY if Applicable**

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official affidavit form developed and issued by the Dept. of Health Services. I understand that this affidavit is valid for 2 years. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_