

Child Information

First Name: _____ Last Name: _____

Name child prefers to be called: _____ Age/Grade: _____

Child's Address: _____

Gender: [] Male [] Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____ Reaction: _____

**Pediatrician's Name: _____ ** Phone: (_____) _____

**Address: _____

In the event that I cannot be reached to make arrangements for emergency attention at the time of an illness or injury, I hereby authorize EMS to transport my child to the nearest Hospital Emergency Room.

Parent/Guardian Initial: _____ Date: _____

Does your child have birthmarks or Mongolian Spots that we should be aware of? [] Yes [] No
If Yes, please describe their appearance & location: _____

Does your child have any existing illnesses, previous serious illness, injuries, was hospitalized within the last 12 months, medications prescribed for continuous long term us, or other medical or special needs? [] Yes [] No If yes, please explain: _____

Has your child ever been evaluated for special assistance or counseling? [] Yes [] No
If yes, please explain: _____
Limitations (activities your child should NOT engage in): _____

Has your child attended daycare before? [] Yes [] No Name of Center: _____
Does your family attend church? [] Yes [] No Name of Church: _____

Photographs:

Grace Point Daycare & Preschool Ministry takes pictures of the children throughout the year for crafts, special gifts, and holidays for family and friends. In addition we take pictures of classes and children to place on our website. Our website allows parents and potential parents to tour our facility.

- [] **Yes**, I authorize my child's photos to be taken for **Daycare and website use**.
- [] **DAYCARE ONLY**, I authorize my child's photo to be taken and used for **daycare purpose only**. (Pictures will not be made Public)
- [] **No**, I do NOT authorize my child's picture to be taken for website or daycare use, ONLY for security purposes.

Sunburn Sensitivity: [] Yes [] No

Upon request, our staff will apply sunscreen which you provide to your child before going outdoors.

- [] **Yes**, I give permission for staff to apply the sunscreen which I provide to my child before going outdoors.
- [] **No**, I would NOT like sunscreen to be put on my child.

Parent/Guardian Information

Parent /Guardian 1 First Name: _____ Last Name: _____

Address: _____

Date of Birth: _____ Home Phone: (____) _____

Cell Phone :(____) _____ Cell Phone Provider: (ex. Sprint, AT & T) _____

Occupation/Employer: _____

Work Address: _____ Work Phone: (____) _____

Email: _____ Relationship to Child: _____

Custodial Parent (If married, mark both parents)

Marital Status: Married Single Divorced Separated Widowed Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

Is there is other information you would like us to know?

Parent /Guardian 2 First Name: _____ Last Name: _____

Address: _____

Date of Birth: _____ Home Phone: (____) _____

Cell Phone :(____) _____ Cell Phone Provider: (ex. Sprint, AT & T) _____

Occupation/Employer: _____

Work Address: _____ Work Phone:(____) _____

Email: _____ Relationship to Child: _____

Custodial Parent (If married, mark both parents)

Marital Status: Married Single Divorced Separated Widowed Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

Is there is other information you would like us to know?

Who is responsible for payment of tuition and fees? Please indicate if tuition must be split between two parties if payment is the responsibility of an adult other than the parents/guardians listed above.

Initials: _____

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick up First Name: _____ Last Name: _____
Relationship to Child: _____ Cell Phone: (____) _____
Occupation/Employer: _____ Work Phone: (____) _____
 Emergency Contact Authorized to pick up

2nd Contact/Pick up First Name: _____ Last Name: _____
Relationship to Child: _____ Cell Phone: (____) _____
Occupation/Employer: _____ Work Phone: (____) _____
 Emergency Contact Authorized to pick up

3rd Contact/Pick up First Name: _____ Last Name: _____
Relationship to Child: _____ Cell Phone: (____) _____
Occupation/Employer: _____ Work Phone: (____) _____
 Emergency Contact Authorized to pick up

4th Contact/Pick up First Name: _____ Last Name: _____
Relationship to Child: _____ Cell Phone: (____) _____
Occupation/Employer: _____ Work Phone: (____) _____
 Emergency Contact Authorized to pick up


Initials: _____

I understand that the following documents must be turned in **ON OR BEFORE** my child's first day at the daycare. According to State Licensing, your child will not be eligible in our facility if these documents are not turned in.

- The signed **Parent Handbook Agreement** signature page provided at the end of each handbook. (Available online at www.gracepoint.org/daycaremedical.)
- A copy of the child's **Immunization Records**. Texas law (H.B. 106) requires that all children admitted to child care institutions and schools shall be immunized against the following diseases: measles/mumps/rubella, diphtheria, tetanus, pertussis, Hib meningitis, polio, hepatitis B and varicella. Children may be provisionally admitted if immunizations are begun and continued as rapidly as medically possible.
- A copy of the child's **Birth Certificate**.

Grace Point Daycare & Preschool Ministry does not discriminate against applicants and students on the basis of race, religion, color, and national or ethnic origin. Our ministry does reserve the right to determine if our program meets the needs of each child at their particular stage of development.

Signature:

 Signature of Parent/Guardian: _____ Date: _____


Elementary Age Children ONLY:

I hereby give Grace Point Daycare & Preschool Ministry permission to transport my child to/from the elementary school he/she is attending **and** to/from activities and field trips. I hereby release Grace Point Daycare & Preschool Ministry and its staff from responsibility for any injury or illness that my child may sustain during after school care pick up, field trips & activities.

Elementary School Attending: _____

School's Phone: _____ Grade: _____

School's Address: _____ Zip Code: _____

 Signature of Parent/Guardian: _____ Date: _____

**SCHOOL AGE
PERSONAL INFORMATION TO BE SHARED WITH
CHILD'S TEACHER**

Child's name: _____ Date: _____

Parent's name: _____

Birthday: ____/____/____ Name of School: _____

Health Problems: _____

Allergies: *Please fill out allergy information on Enrollment form

Likes: _____

Dislikes: _____

Personal Hygiene Awareness _____

Eating Habits: _____

Siblings (name/age): _____

Parents Marital Status: _____

Child Lives With: _____

Special Interest: _____

Activities child should not engage in: _____

List any challenges you foresee your child's teacher may have with your child:

Is there any other information that you believe would be helpful for the teacher to best meet your child's needs.

I have viewed a copy of the "Grace Point Daycare & Preschool Ministry Parent Handbook" Version 2, effective January 1, 2011. I acknowledge that a copy is accessible at the Grace Point Daycare Website at www.gracepoint.org/daycare.

I agree to abide with all the terms, conditions and policies contained therein.

Child's Name _____

Parent/Guardian #1

Printed Name _____ Date _____

Parent Signature _____ Date _____

Parent/Guardian #2

Printed Name _____ Date _____

Parent Signature _____ Date _____

Director/Assistant Director _____

Date _____

Office use only

Signature of Director/Assistant Director: _____
Date: _____