

**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.



# Grace Point Daycare and Preschool Enrollment Form

## 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: \_\_\_\_\_

Custodial Parent (If married, mark both parents)

**Marital Status:**  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Relationship to Child:**  Mother  Father  Grandparent  Foster Parent  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: \_\_\_\_\_

Custodial Parent (If married, mark both parents)

**Marital Status:**  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Relationship to Child:**  Mother  Father  Grandparent  Foster Parent  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: \_\_\_\_\_



## Grace Point Daycare and Preschool Enrollment Form

### Emergency Contacts & Authorized Pickup Persons:

**1<sup>st</sup> Contact/Pick up** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_  
Occupation/Employer: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_  
 Emergency Contact       Authorized to pick up

**2<sup>nd</sup> Contact/Pick up** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_  
Occupation/Employer: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_  
 Emergency Contact       Authorized to pick up

**3<sup>rd</sup> Contact/Pick up** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_  
Occupation/Employer: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_  
 Emergency Contact       Authorized to pick up

**4<sup>th</sup> Contact/Pick up** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_  
Occupation/Employer: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_  
 Emergency Contact       Authorized to pick up

Initials: \_\_\_\_\_

**Toothbrush Program: (Preschool only)**

For an additional fee of \$4.00 per month, we offer a toothbrush program. Children receive a disposable toothbrush after lunch each day so that they may practice good dental hygiene habits from an early age.


\_\_\_\_ Yes, I would like to enroll my child in the toothbrush program at an **extra cost of \$4.00 per month.**

\_\_\_\_ No, I would NOT like to enroll my child in the toothbrush program at this time.

I understand that the following documents must be turned in **within 7 days of my child's first day** at the daycare. According to State Licensing, your child will not be eligible to return to our facility if these documents are not turned in.

- The signed **Parent Handbook Agreement** signature page provided in the enrollment packet.  
Regarding policies such as;
  - **2.3** Registration & Enrollment- at least a 2 week notice prior to withdrawing
  - **3.1** Tuition Payments and Late Fee- A \$15.00 Late Fee will be assessed for tuition that is not paid on the first day due.
  - **3.3** Late Pick-up Fees -\$5.00 per each additional five minutes until the child is picked up.
- 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**.
- The signed **Doctor Health Statement (Physical)** provided in the enrollment packet. (Not applicable for School Age children.)

**Signature:**

 Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## PERSONAL INFORMATION TO BE SHARED WITH CHILD'S TEACHER

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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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ALLERGY FORM

My child has no known allergies

My child **HAS** the following allergies;

***Please list all known allergies that your child may have.***

Allergies:

Side Effects:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Explain how our staff should respond if your child has a negative allergy reaction:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print Parent Name: \_\_\_\_\_

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

## Parent Handbook Acknowledgement Form

I have received a copy of the "Grace Point Daycare & Preschool Ministry Parent Handbook". 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 \_\_\_\_\_

## Doctor Health Statement (Physical)

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

I examined \_\_\_\_\_ (child's name)  
on \_\_\_\_\_ (date of examination), was found to be free of any  
contagious and transmissible diseases, and is physically able, with any  
exceptions noted below, to participate in any of the Grace Point Daycare &  
Preschool programs.

Remarks:

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Physician's Signature: \_\_\_\_\_

Physician's Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_





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