

Enrollment Agreement

Enrollment Information

Completion of this Agreement is required for enrollment. This information is necessary for Park Vista Children's Academy, to comply with state child care licensing regulations and to enable us to better understand your child and meet his or her needs. Grey shaded areas are for office use only. White areas are for parent/guardian use.



Child Information					
Child's First Name		Child's Middle Name		Child's Last Name	
Nickname					
Date of Birth	Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Child's Primary Language		Home Phone
Child's home Address(Street/City/State/Zip)::				Guardians <input type="checkbox"/> Living Together <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
List family members your child lives with-include names and ages of siblings					
Does your child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Elementary School Name		Grade in School	School Phone
School Address					
PRIMARY CONTACT AND RELEASE PERSONS <i>Include parents and guardians</i>					
Custody Papers <input type="checkbox"/> Yes <input type="checkbox"/> No		Copy on file day of enrollment <input type="checkbox"/> Yes <input type="checkbox"/> No			
PRIMARY PARENT/GUARDIAN (Legal Guardian ONLY)		Relationship to child		Home Phone	Cell Phone
Home Address(Street/City/State/Zip):		Permission to obtain Account Information: <input type="checkbox"/> Yes <input type="checkbox"/> No		Authorized for Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No	Photo Id on File <input type="checkbox"/>
Email Address:		Driver's License Number		Employer	Work Phone
Other Parent/Guardian (Legal Guardian ONLY)		Relationship to child		Home Phone	Cell Phone
Home Address(Street/City/State/Zip):		Permission to obtain Account Information: <input type="checkbox"/> Yes <input type="checkbox"/> No		Authorized for Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No	Photo Id on File <input type="checkbox"/>
Email Address:		Driver's License Number		Employer	Work Phone
EMERGENCY CONTACT <i>Do not include parents and guardians</i>					
If neither mother nor father can be reached, in case of an emergency call: (This is a contact person ONLY – List this person under Release Authorization.)					
Name:		Relationship to child		Home Phone	Cell Phone
Home Address(Street/City/State/Zip):		Authorized for pick up: <input type="checkbox"/> Yes <input type="checkbox"/> No MUST LIST UNDER RELEASE AUTHORIZATION		Work Phone	Photo Id on File <input type="checkbox"/>
AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION					
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:					
Name of Physician:		Address:			Phone Number:
Name of Emergency Care Facility:		Address:			Phone Number:
I give consent for the facility to secure any and all necessary emergency medical care for my child				Signature - Parent or Legal Guardian	

GREY AREAS ARE FOR OFFICE USE ONLY	START DATE	INITIAL CLASSROOM		WITHDRAWL DATE	
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Enrollment Agreement

Enrollment Information

☐ 5 Day
☐ 3 Day
☐ Mother's Day Out

☐ Summer Only
☐ Before/After School

Release Authorization: Who is authorized to pick up your child other than the person enrolling the child?						
First & Last Name:	Phone Number:	Relationship:	Photo ID on File <input type="checkbox"/>	Permission to obtain Account Information: <input type="checkbox"/> YES <input type="checkbox"/> NO	Permission to discuss Child's Day <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorized to discuss health issues: <input type="checkbox"/> YES <input type="checkbox"/> NO
First & Last Name:	Phone Number:	Relationship:	Photo ID on File <input type="checkbox"/>	Permission to obtain Account Information: <input type="checkbox"/> YES <input type="checkbox"/> NO	Permission to discuss Child's Day <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorized to discuss health issues: <input type="checkbox"/> YES <input type="checkbox"/> NO
First & Last Name:	Phone Number:	Relationship:	Photo ID on File <input type="checkbox"/>	Permission to obtain Account Information: <input type="checkbox"/> YES <input type="checkbox"/> NO	Permission to discuss Child's Day <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorized to discuss health issues: <input type="checkbox"/> YES <input type="checkbox"/> NO

- The persons designated in this section will be contacted by Country Acres and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached. Parent/Guardian must complete any state-specific emergency release forms required by individual state child care licensing regulations. In addition, release person must be 18 years of age or older.
- Center staff will release your child only to you or to those persons you have listed above. For the safety of your child, we will request all authorized Release Persons with whom staffs are not familiar to provide Government issued photo ID at time of pick up. If you want a person who is not identified above to pick up your child, you must notify center management in writing. Your child will not be released without prior authorization. In the event someone is sent to pick up the child, and they are not on the list, they will be denied access until a letter in writing is received.
- It is imperative that you use the check in/out system when dropping off/picking up your child(ren).

In consideration of the acceptance of my child into child care by Country Acres, I hereby release, indemnify, and hold harmless Country Acres, its Employees, Agents, Representatives, from any loss or damage to toys, clothing, or other personal articles.

In consideration of the acceptance of my child into childcare by Country Acres I hereby release, indemnify, and hold harmless Country Acres, its Employees, Agents, Representatives, from any and all claims, damages, or other liabilities or injuries to my child which are not caused as a result of the gross negligence by Country Acres, its Employees, Agents, Representatives.

***Transportation:** I hereby ☐ give ☐ do not give my consent for my child to be transported and supervised by Park Vista Children's Academy staff: ☐ on field trips ☐ to and from public school

***Water Activities:** I hereby ☐ give ☐ do not give my consent for my child to participate in water activities. ☐ Splash Park

I hereby warrant to Country Acres that I am entitled to legal custody and possession of my child, and accordingly am authorized to place my child in your care and custody, and am responsible for all day care fees, and am further authorized to sign this enrollment form. I agree to be responsible for all day care fees and other expenses incurred on behalf of my child. By signing this agreement, I am stating as the guardian that I have received, read, and know I have the opportunity to ask questions and will adhere to Country Acres Parent Handbook/Operational Policies and Procedures that includes the following.....check all.

<input type="checkbox"/> Discipline and Guidance	<input type="checkbox"/> Procedure for Release of Children
<input type="checkbox"/> Suspension and Expulsion	<input type="checkbox"/> Illness and Exclusion Policy
<input type="checkbox"/> Emergency Plans	<input type="checkbox"/> Procedure for Dispensing Medication
<input type="checkbox"/> Procedures for Conducting Health Checks	<input type="checkbox"/> Immunization Requirements for Children
<input type="checkbox"/> Safe Sleep	<input type="checkbox"/> Meals and Food Service Practice/ No Outside Food Allowed in Facility
<input type="checkbox"/> Procedure for Parents to Discuss Concerns with Parents	<input type="checkbox"/> Procedure to Visit Facility Without Securing Prior Approval
<input type="checkbox"/> Procedure for Parents to Participate in Operation Activities	<input type="checkbox"/> Procedure for Parent to Contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS Website
<input type="checkbox"/> I understand the following meals will be served to my child while in care: Breakfast Lunch PM Snack	Please mark days of attendance and timeframe My child will be attending M T W TH F between the hours of _____ to _____

Parent's Signature

Date

Director's Signature

Date