



## Justin Fine Arts Preschool

### Enrollment Form

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

Childs Full Name _____	Date of Birth _____
Childs Home Address _____	City, State, Zip _____
Childs Home Phone Number _____	Date of Admission _____

<b>Mothers Full Name</b> _____	<b>Fathers Full Name</b> _____
Mothers Home Phone Number _____	Fathers Home Phone Number _____
Mothers Work Phone Number _____	Fathers Work Phone Number _____
Mothers Cell Phone Number _____	Fathers Cell Phone Number _____
Mothers Address _____	Fathers Address _____
Mothers City, State, Zip _____	Fathers City, State, Zip _____
Mothers Email Address _____	Fathers 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 circled YES, a current copy of your court order MUST be attached*

**Emergency Contact and Authorization to pick up**    *Please list 3 local individuals to contact in the event of an emergency*

Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

**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    To and From School

I hereby give / do not give consent for my child to participate in field trips

I hereby give / do not give consent for my child to participate in water activities  
(please circle all that apply)    Sprinkler Play    Splashing/Wading Pools    Swimming Pool    Water Table Play

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

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

I understand that a morning and afternoon snack will be served, but I will have to provide a lunch for my child.

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

**School Age Children**    My child attends the following school:

Name of School \_\_\_\_\_

Address, City, Zip, and Phone \_\_\_\_\_

My child's immunization records, vision, and hearing screenings are on file at the school and are current.

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

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

\_\_\_\_\_  
Date



## Justin Fine Arts Preschool

### 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 \_\_\_\_\_ Emergency Medical Care Facility \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_

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

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

### Attendance

My child will normally be in attendance the follow days and times:

Monday	from: _____	to: _____
Tuesday	from: _____	to: _____
Wednesday	from: _____	to: _____
Thursday	from: _____	to: _____
Friday	from: _____	to: _____

### Special Needs

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during that 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 \_\_\_\_\_

---

---

---

---

---

### Photo Release

From time to time our facility may take photographs for educational use. I give consent for the facility to take photographs of my child.

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

### Outside Employment

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

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

### Social Networking

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

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

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

\_\_\_\_\_  
Date



## Justin Fine Arts Preschool

### Physician's Statement

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 \_\_\_\_\_

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

Age Vaccine	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 mo	2-3 yrs	4-6 yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus Influenzae type B											
Pneumococcal											
Inactivated Poliovirus											
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) \_\_\_\_\_ and does not need varicella vaccine.

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 notarized affidavit form developed and issued by the Department of State Health Services. I understand 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 \_\_\_\_\_

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

\_\_\_\_\_  
Date