

### Enrollment Information

Child's Full Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ DOB(mm/dd/yyyy): \_\_\_\_\_

Child's Home Address: Street \_\_\_\_\_ Apt \_\_\_\_\_ Gender:  Male  Female

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

Name(s) of Person Applying for Child: \_\_\_\_\_

Parent  Guardian  Caretaker  Relative  Other: \_\_\_\_\_

Address of Person Listed Above (if different from child's): Last \_\_\_\_\_ First \_\_\_\_\_

Street \_\_\_\_\_ Apt \_\_\_\_\_

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

Cell/Home Phone(s): \_\_\_\_\_

Work Phone(s): \_\_\_\_\_

Email(s) for tuition invoices/Tadpoles: \_\_\_\_\_

Parent / Guardian Employer Name: \_\_\_\_\_

Employer Address: Street \_\_\_\_\_

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

**IMPORTANT:** In the case of custody and/or visitation arrangements concerning the child named above, we must have certified copies of legal documentation on file in order to honor such arrangements. Otherwise, the Parent/Guardian named above who is registering the child will be the primary contact and party responsible for payment to Discovery Kids Learning Center.

#### Emergency Contact Information:

| Contact Name | Relationship | Telephone Number During Child Care Hours | Alternate Telephone Number<br><i>Indicate-Work/Other</i> |
|--------------|--------------|--|--|
|              |              |  |  |
|              |              |  |  |
|              |              |  |  |

Does your child have any allergies?  Yes  No

If yes, what is your child allergic to? (foods, medicines, environmental, insect bites, etc.) Please detail:

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Does your child have any special needs (uses a pacifier, has a special toy or blanket to sleep with, toileting, dressing, eating, etc.)?

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Please share any additional information that can help us better meet your child's needs such as language spoken at home, dietary restrictions, sleep habits, family customs, etc.:

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I hereby authorize the below named medical care facility and its staff to perform routine procedures and medical treatment and/ or any emergency medical treatment or surgery necessary in the event that my child should need such treatment or surgery and I, the parent or legal guardian, am not available. This authorization is only effective in the event of an illness or injury requiring medical treatment while my child is enrolled in and utilizing the facilities of Discovery Kids.

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the results of treatment or examinations in the hospital.

I have read and completely understand the contents of this form. The above-mentioned child is unable to consent to medical procedures because he/she is a minor.:

Primary Care Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Care Facility/ Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation, and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.

I give consent for my child to take part in neighborhood trips (i.e. Beechwood, playground) away from the facility under proper supervision.

In case of accident or injury, I authorize any and all emergency medical, dental, and /or surgical care and hospitalization advised by the physicians, surgeon, or hospital (listed above) necessary for the proper health and well-being of my child. I have provided information on my child's special needs (allergies, diet, disabilities, and / or medical information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency

I consent for my child to take part in developmental screenings/assessments. I consent for my child to be photographed for use inside the school building.

I consent for my child to participate in video sessions for virtual learning purposes.

I understand that video cameras are in use and recording for security purposes during operating hours.

I agree to review and update this information whenever a change occurs.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)