



## Enrollment Form

Dallas, Tx

Child's Full Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's Gender: \_\_\_\_\_

Nickname: \_\_\_\_\_ Start Date: \_\_\_\_\_ Withdrawal Date: \_\_\_\_\_

Name of Guardian Completing Form: \_\_\_\_\_

Parent/Guardian1: \_\_\_\_\_

Home Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Parent/Guardian2: \_\_\_\_\_

Home Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

**My child will attend the school on the following days** (please circle): **M T W Th F**

EmergencyContact1: \_\_\_\_\_

Home Phone: \_\_\_\_\_ WorkPhone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

Authorized to pick up child? \_\_\_\_\_ Yes \_\_\_\_\_ No

EmergencyContact2: \_\_\_\_\_

Home Phone: \_\_\_\_\_ WorkPhone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

Authorized to pick up child? \_\_\_\_\_ Yes \_\_\_\_\_ No

**A valid I.D. will be required for all first-time and emergency pick-ups. An email or signed letter stating the alternative pick-up must be submitted prior.**



I give consent for my child to be transported and supervised by the operation's employees:

\_\_\_\_\_ **for emergency care** \_\_\_\_\_ **on field trips** \_\_\_\_\_ **to and from home/school**

I give consent for my child to participate in the following water activities:

\_\_\_\_\_ **sprinkler play** \_\_\_\_\_ **splashing/wading pools** \_\_\_\_\_ **aquatic playgrounds**



Has the student been away from his/her parents before? \_Yes\_\_\_\_\_ No Has the

student attended a dayprogram before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, how was their experience? \_\_\_\_\_

Does your child have any anxieties or fears? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_

Does your child communicate his/her needs? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there any special words your child uses that may not be readily recognized? \_\_\_\_\_ Yes \_\_\_\_\_ No

How do you tell your child to stop a behavior that you don't approve of? \_\_\_\_\_

When your child gets upset, what helps him/her calm down? \_\_\_\_\_

Are there any routines that are particularly helpful at naptime? \_\_\_\_\_



Is your child potty trained? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do they need assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No



What are your child's favorite foods? \_\_\_\_\_

Food dislikes (if any): \_\_\_\_\_

Does your child use utensils, eat with fingers, self feed? \_\_\_\_\_



Does your child choke easily while eating? \_\_\_\_\_ Yes \_\_\_\_\_ No

What activities do you like to do with your child? \_\_\_\_\_

What activities does your child like when playing with others? \_\_\_\_\_

What does your child like to do when playing alone? \_\_\_\_\_

Is there anything else additional you would like us to

know? \_\_\_\_\_



Date of child's last exam: \_\_\_\_\_ Child's Health Care Provider: \_\_\_\_\_

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

Does the student have any specific health needs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please specify: \_\_\_\_\_

Does the student require any regular medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please specify: \_\_\_\_\_

Does the student have any known allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please specify: \_\_\_\_\_

Additional medical information: \_\_\_\_\_



Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_, give consent for Tot Spot Playschool to seek & authorize emergency medical or dental care for my child(ren) \_\_\_\_\_ in the event of an emergency.

The undersigned being the lawful guardian of the above student, hereby consent to the participation by the child in all events related to said activities.

The undersigned hereby further authorize in the event of an emergency, any representative of Tot Spot Playschool to provide for, approve and authorize any lifesaving procedures at any hospital, emergency room, doctors office of other institution, employ any physicians, dentist, nurses or other person whose services may be needed for such health care, review and if necessary disclose the contents of any medical records, execute any consent form required by medical, surgical or dental care to the student. Health care shall include, but not be limited to the administration of anesthesia, x-ray, examination, performance of operations, diagnostic and other procedures.

The undersigned hereby further authorize emergency transportation by either Tot Spot personnel or if necessary by ambulance or other emergency vehicle.

If there is a medical emergency, the child care staff will first use every reasonable effort to contact the parent and/or guardian before administering or authorizing any treatment.

Notwithstanding other provisions in this consent form, Tot Spot Playschool shall not have the authority to withhold or withdraw life-sustaining procedures for the student.

Tot Spot Playschool is child-proofed and the students are under continual supervision. However, accidents do happen. The undersigned assume all risk of injury or harm to the student associated with participation in said child care and agree to release, indemnify, defend and forever discharge Tot Spot Playschool and it's staff, employees, and agents of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action in respect of death, injury, loss or damage to the child, or by the child, however caused, arising or to arise by reason of or during the child's participation in the indicated child care.

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

