

2019-2020 ENROLLMENT AGREEMENT

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| Child’s Full Name: Child’s date of Birth: Date of Admission: | | | |
| Child’s Home Address: City: Zip: Phone: | | | |
| Parent’s or Guardian’s Name: Address (if different from the child’s address) | | | |
| MOTHER’S Telephone No. FATHER’S Telephone No. Guardian’s Telephone No. | | | |
| Name, address and phone number of person to call in case of an emergency if parents/guardian cannot be reached: Relation | | | |
| I hereby authorize PCC to allow my child to leave ONLY with the following persons. Please list name and telephone of each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID:  THIS IS REQUIRED | | | |
| Name:  Address:  Phone: | Name:  Address:  Phone: | | Name:  Address:  Phone: |
| Name:  Address:  Phone: | Name:  Address:  Phone: | | Name:  Address:  Phone: |
| SPECIAL NEEDS STATEMENT:  List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  List any medication prescribed for long-term continuous use and any information which caregivers should be aware of:  PARENT/GUARDIAN: DATE: | | | |
| AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:  In the event I cannot be reached to make arrangements for emergency care, I authorize PCC to take my child to: | | | |
| **Name of Physician:** | | Address: | |
| **Name of Emergency Medical Care Facility:** | | Address: | |
| I give consent for PCC to secure any and all necessary emergency care for my child. Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *I GIVE PCC PERMISSION TO USE MY E-MAIL ADDRESS*  *\_\_\_\_\_\_\_YES\_\_\_\_\_\_\_NO*  \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* | | | |
| FIELD TRIPS: For children ages 3 through Kindergarten: I hereby  give I hereby  do not give - consent for my child to participate in Field Trips.  CHECK ALL THAT APPLY: I herby \_\_\_\_\_ give \_\_\_\_ do not give consent for my child to be transported and supervised by a PCC employee  \_\_\_\_\_\_ for emergency care \_\_\_\_\_\_ on field trips \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| PUBLISHED PHOTOGRAPHS:  I hereby \_\_ give I hereby \_\_\_\_\_\_ do not give consent for my child’s photograph to be in  \_\_\_\_\_\_Longview News Journal \_\_\_\_\_\_ PCC website \_\_\_\_\_\_\_ PCC Facebook | | | |
| WATER ACTIVITIES:  Toddlers through Kindergarten: I hereby  give I hereby  do not give consent for my child to participate in Water Activities. Splash pads, sprinklers, and baby pools. | | | |
| *I GIVE PERMISSION TO PCC TO USE MY EMAIL ADDRESS AND PHONE NUMBER FOR OTHER PARENTS AT THE SCHOOL*    *PARENT’S NAMES \_\_\_\_\_YES \_\_\_\_\_\_NO* | | | |

CHILD HEALTH RECORD Required by: Texas Department of Health

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| ADMISSION REQUIREMENT: One of the following must be presented when your child is admitted to PCC or  within one week of admission.  Please check only one option: |
| * 1. HEALTH-CARE PROFESSIONAL’S STATEMENT: I have examined the above named child within the past  year and find he/she is physically able to take part in the day care program.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Health Care Professional’s signature Date |
| * 2. A signed and dated copy of a health care professional’s statement is attached. |
| * 3. 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 affidavit stating this. |

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| CONTRACTUAL AGREEMENT   1. This agreement is a contract binding both school and parent. 2. This contract may be terminated by the SCHOOL at any time if the child is unable to adjust or participate in group activities, and   by the PARENT only with a written request to the Board of Directors stating specific reason for withdrawal.   1. If any of the above information changes, the parent will inform the Director and update this form as needed.   PARENT/GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |