

DAY CARE ENROLLMENT INFORMATION

Facility Name: Episcopal Day School 34 N. Coria, Brownsville - 956-542-5107		Director's Name: Sandra M. Garza	Date: _____
Child's Name: _____	Child's Name: _____	Child's Name: _____	
Grade Level: _____	Grade Level: _____	Grade Level: _____	
Date of Birth: _____	Date of Birth: _____	Date of Birth: _____	
Child's Home Address: _____		Child's Home Telephone No.: _____	
Parents' Names: (Mother) _____ (Father) _____		Address (if different from child's): _____	
List telephone numbers where parents/guardian may be reached while child will be in Day Care:	<u>Mother:</u>	<u>Father:</u>	<u>Guardian:</u>
	Work: _____ Cell: _____	Work: _____ Cell: _____	Work: _____ Cell: _____
If parents can not be reached in case of an Emergency , the Day Care Staff is authorized to contact:	Name: _____	Address: _____	Telephone: _____
Relationship: _____			
I hereby authorize the Day Care Staff to allow my child to leave the Day Care facility ONLY with the following persons:			
Name: _____	Name: _____	Name: _____	
Phone: _____	Phone: _____	Phone: _____	

IMPORTANT: List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff should be aware of. If there are no special considerations then write NONE on the blank:

Date First Admitted to EDS: _____ Date of Withdrawal (if applicable): _____ Hours and days child will be in Day Care: _____

I acknowledge receipt of "A Parent's Guide to Day Care".

My child attends the Episcopal Day School and his/her immunization record is on file at the school and all immunizations and tuberculosis tests are current.

Parent or Legal Guardian's Signature