

DAY CARE ENROLLMENT INFORMATION FORM

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

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