

Mother's Day Out/Preschool  
 Read All About It  
 2009 – 2010 Enrollment Form

Circle Program(s):

MDO

Preschool

Read All  
 About It

**ENROLLMENT INFORMATION**

Child's Name \_\_\_\_\_ Age as of Sept. 1 (current year) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address \_\_\_\_\_ City & ZIP Code \_\_\_\_\_

**MOTHER's** Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Email address \_\_\_\_\_ DL # \_\_\_\_\_

Work Phone \_\_\_\_\_ CELL Phone \_\_\_\_\_

**FATHER's** Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ CELL Phone \_\_\_\_\_

Email address \_\_\_\_\_ DL # \_\_\_\_\_

**CHURCH AFFILIATION** \_\_\_\_\_

Church Member? Yes \_\_\_\_\_ No \_\_\_\_\_ How Long? \_\_\_\_\_

If you are not a member of Firewheel Bible Fellowship, how did you find out about the MDO/Preschool program?  
 \_\_\_\_\_

**EMERGENCY CONTACTS (other than mother or father)**

Name & Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ CELL Phone \_\_\_\_\_

I hereby authorize Adventure Island to allow my child to leave the program with **ONLY** the following persons

	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE NUMBER</u>	<u>TEXAS DRIVER LIC. #</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

**INFORMATION IN THIS SECTION IS VERY IMPORTANT AND SHOULD BE COMPLETE. THIS IDENTIFIES INDIVIDUALS YOU LIST ON THE FORM AND AUTHORIZES US TO RELEASE CHILDREN TO ONLY THOSE INDIVIDUALS.**

Are there physical or emotional problems that might interfere with your child's adjustment to this program? Is so, please describe \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are custody arrangements applicable? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please discuss with the Director.

Are your child's immunizations up to date with respect to their age? Yes \_\_\_\_\_ No \_\_\_\_\_

**Please enter dates of immunizations (or attach a photocopy of immunizations record to be kept on file)**

IMMUNIZATIONS	DATE/DOSE 1	DATE/DOSE 2	DATE./DOSE 3	DATE/BOOSTER	DATE/BOOSTER
<b>Pertussis</b>					
<b>Diphtheria</b>					
<b>Tetanus</b>					
<b>Hib</b>					
<b>Polio</b>					
<b>Meningococcal</b>					
<b>Pneumococcal</b>					
<b>MMR</b>					
<b>Varicella (Chicken Pox)</b>					

If your child requires an immunization update, please contact a Public Health Center for an appointment. Please ensure that any dates are added to this Health Record.

List any special allergies or illness that your child has experienced during the past 12 months, any *MEDICATIONS* prescribed for long-term continuous use, and any other information which staff should be aware of.

Infectious diseases to date \_\_\_\_\_

Allergies \_\_\_\_\_

Diet restrictions \_\_\_\_\_

Special health needs \_\_\_\_\_

Any previous serious illnesses \_\_\_\_\_

***General information on child, their routine and method of discipline used at home*** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I have provided all the requested information, wish to enroll my child in the MDO/Preschool and understand the registration fee is a one-time non-refundable fee.

Signature \_\_\_\_\_ Date \_\_\_\_\_