

Enrollment Form

Discovery Place Preschool

2024-2025

Child's Name _____ Birthdate(mo/day/yr) _____
 Sex _____ Age _____
 Name & best number to call in case of emergency _____

Please complete the information on BOTH parents

Parent or Lawful Custodian Name _____ Street Add. _____ City, St., Zip _____ HM Phone _____ Cell # _____ Email _____ If parents are living separately, with whom does child reside? _____	Parent or Lawful Custodian Name _____ Street Add. _____ City, St., Zip _____ HM Phone _____ Cell # _____ Email _____
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Employment- Parent or Lawful Custodian Company Name _____ Street Add. & Zip _____ Phone _____ Work Hrs. _____ Work Days (Circle) M T W R F Best Contact # _____	Employment Information Employment- Parent or Lawful Custodian Company Name _____ Street Add. & Zip _____ Phone _____ Work Hrs. _____ Work Days (Circle) M T W R F Best Contact # _____
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List the hours and days your child will attend :

SUMMER Drop off Time: _____ Pick up Time: _____ **M T W R F**

List the hours and days your child will attend :

FALL Drop off Time: _____ Pick up Time: _____ **M T W R F**

Emergency Information

Person(s) to contact who are authorized to pick up child in case of Emergency or illness if parent(s)/lawful custodian(s) is unavailable or cannot be reached by calling the numbers given to us on this Enrollment Form:

1. Name _____ Relationship _____ Phone _____ Address _____	2. Name _____ Relationship _____ Phone _____ Address _____
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In addition to the Parents(s), Legal Guardian(s), and the above emergency contacts, list persons authorized to pick up child at school, including phone numbers. Attach an additional page, if necessary:

PLEASE SIGN AND DATE: ***BOTH SIGNATURES*** are required for completion of Enrollment. I have read, understand and agree to comply with all "policies and procedures" as stated in the Discovery Place Parent Handbook located online at discoveryplacewichita.com

 Signature (Parent/Lawful Custodian Completing Form)

 Signature (Parent/Lawful Custodian Completing Form)

AUTHORIZATION FOR EMERGENCY MEDICAL CARE FOR DISCOVERY PLACE

PLEASE NOTE:

1. This Form is to be completed by Parent/Legal Guardian.
2. **WITNESS:** This Form must be signed in the presence of a witness who is not related to the parent signing. This Form **MUST** have **BOTH** signatures in order to be complete.
3. You must fill out **ALL** of the Medical Information below, including the **LAST TETANUS TOXOID** (at the bottom of the form). You can get this date from the date of your child's last DPT (the T indicates Tetanus).

In order to meet all legal requirements, I hereby authorize Rebecca Williams and /or the Staff of Creativity Place Inc. DBA Discovery Place Child Care Center as representatives of Discovery Place to give consent for any and all necessary emergency medical care for my child whose name is _____ while said child is in said individual's custody beginning on the child's first day of enrollment and ending when child is no longer enrolled.

(Parent or Guardian's Signature)

(Today's Date)

WITNESS Signature (Not Spouse)

Medical Information

Physician: _____ Address: _____

Phone _____ City, Zip _____
Hospital Preference _____

Emergency Phone Numbers:
Home _____ Mother's Work _____ Father's work _____

HEALTH INSURANCE CARRIER _____ **Policy #** _____

Is Child eligible for Military Medical Care? _____ **ID #** _____

Do you receive medical assistance (Government)? _____ **Program and Card #** _____

Medical Information of Child

Drug Allergies: _____ **Date your Child last received a Tetanus(DPT)** _____

Food or other allergies: _____

This form will be attached to child's health record.
Both forms will be taken to emergency room.

Date Admitted _____ **Room** _____ **Age as of 8/15/2024**

FOR OFFICE USE ONLY

DATE: _____

CK# _____ **\$** _____