



BROCK CHRISTIAN LEARNING CENTER



2111 FM 1189
BROCK, TX 76087
(817) 596-5223

Child's Name: _____ Date of Birth: _____
 Address: _____ City: _____ Zip code: _____
 Child's Address is the same as Mom Dad Other: _____
 Home Phone: _____ Enrollment Date: _____ Start Date: _____

Mother's Name: _____ Cell#: _____
 Home Address: _____ City: _____ Zip code: _____
 Employer: _____ Work #: _____
 Email: _____ Cell Phone Provider: (For ProCare notifications): _____

Father's Name: _____ Cell#: _____
 Home Address: _____ City: _____ Zip code: _____
 Employer: _____ Work #: _____
 Email: _____ Cell Phone Provider: (For ProCare notifications): _____

Does this child have any legal custody documents: Yes No
 If yes, please provide a copy along with enrollment paperwork.

I authorize the child care operation to release my child to leave the child care operation ONLY with the following persons. Please list name, cell # and Drivers license number for each. Children will only be released to a person designated by the parent/guardian after verification of ID.

Name: _____	Cell #: _____	DL#: _____
Name: _____	Cell #: _____	DL#: _____
Name: _____	Cell #: _____	DL#: _____
Name: _____	Cell #: _____	DL#: _____

Emergency Contact
Person to contact in the event parents cannot be reached

Name: _____ Relationship to child: _____
 Phone#: _____ Cell phone #: _____
 Home Address: _____ City: _____ Zip code: _____

Consent

Transportation:

I give consent for my child to transported and supervised by the operation's employees:

For emergency care on field trips to and from school School Name: _____

Field Trips: I give consent for my child to participate in field trips

I DO NOT give consent for my child to participate in field trips

Water Activities:

Water Table Sprinkler Play Splashing/Wading pools Swimming Pools Aquatic Playgrounds

I acknowledge receipt of Brock Christian Learning Center's operational policies

Parent signature _____

Date _____

Meals

I understand that the following meals will be served to my child while in care: Breakfast AM Snack Lunch PM Snack

Authorization for emergency medical attention

In the event I cannot be reached to make decisions regarding my child's medical care, I authorize the person in charge to take my child to:

Hospital: _____ Hospital Phone: _____

Hospital Address: _____ City: _____ Zip code: _____

School Age Children

My child attends the following school: _____

School address: _____

City: _____ Zip code: _____

Phone Number: _____

My child's school has a current immunization record & Vision & Hearing screening on file.

Parent Signature _____

Date _____

Additional Child Information

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illnesses, previous serious illness, injuries & hospitalizations during the past 12 months, any medication prescribed for long-term continuous use and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies? Yes No Allergy plan submitted on: _____

**Allergy plan MUST be submitted prior to enrollment

Admission Requirements

If your child does not attend pre-kindergarten or school away from the child care operation, all of the following must be submitted prior to your child attending our program. Please check only one option

- Health Care Professional Statement: This is a statement from your child's doctor stating they have been examined in the past 12 months and are able to take part in the day care program.
 - Current immunization records: Please submit a current immunization record. If you would like us to check the IMMTRAC database for your child's immunization records please sign below.
 - Vision & Hearing Screening: (If your child will be 4 years old by September 1st)
- I give Brock Christian Learning Center my permission to access my child's immunization records using the IMMTRAC database.

Parent Signature

Date

Requirements for Exclusion

- I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by section 1610041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized
- I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Photography and Video Release and Consent Authorization

Throughout the year, photographs and video of the children are taken during activities and events. These photographs and recordings are used for in program use (bulletin boards, newsletters, in-class projects, etc.) and, with permission, on our program's Facebook page and website.

I, _____, as the parent/legal guardian of _____
(parent/legal guardian's name) (child's name)

Regarding in-house use (check one box):

- I give my permission for images and video to be used by the program for in-house activities (bulletin boards, newsletters, in-class projects, etc.)
- I do NOT give my permission for in-house use.

Regarding online use (check one box):

- I give my permission for images and video to be used by the program on their Facebook page and/or the website.
- No, I do NOT give my permission for Facebook and Website use.

I understand that I have the right to request the removal of photos from the Facebook page or the website at any time.

Signatures

Parent Signature

Date

Director's Signature

Date