



ENROLLMENT AGREEMENT

Parent Update

STUDENT INFORMATION:

Child: _____
 First Name Middle Name Last Name
 Date of Birth: _____ Gender: _____
 Date of Enrollment _____ Child lives with: Dad Both Parents
 Date of Withdrawal: _____ Mom Guardian

PARENT/GUARDIAN

Mother/Guardian First _____ Middle Initial _____ Last _____ DOB ____/____/____

Home Address _____ City _____ State _____ Zip _____

Employer _____ Work Address _____

Home # _____ Work # _____ Cell # _____ Email _____

Social Security # _____ Driver's License # _____ State _____

Marital Status (check one) Married Single Divorced Separated Widowed

Father/Guardian First _____ Middle Initial _____ Last _____ DOB ____/____/____

Home Address _____ City _____ State _____ Zip _____

Employer _____ Work Address _____

Home # _____ Work # _____ Cell # _____ Email _____

Social Security # _____ Driver's License # _____ State _____

Are you a member of a church? Yes No

If yes, which one? _____

How many days will your Child attend NPCCC: _____ Which Days: _____

What Hours? _____ Does parent desire transportation: Yes No

Before School: _____ After School: _____

Name of school child attends: _____

Address: _____ School Phone #: _____

Grade: _____

My child's immunization records are on file at the above mentioned school. Yes No

Parent's Signature

Date

Emergency Contact and Release Persons

AUTHORIZED RELEASE & EMERGENCY CONTACT INFORMATION

Your child will only be released to the persons listed above and those listed below. Legal authorities will be contacted if your child is left at the Child Care one hour after the Center closing time. If the person below is also to be used as an emergency contact, please check the box on the address line.

Relation: _____ Name _____ Cell # _____ Work # _____
Address: _____ Emergency Contact

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Address: _____ Emergency Contact

Relation: _____ Name _____ Cell # _____ Work # _____
Address: _____ Emergency Contact

Office Use Only

_____ Account #	_____ File
_____ Card	_____ CWT
_____ Book	_____ Email
_____ Class Book	_____ Rec'd Shot Records
_____ New Enrollment Form	_____ Rec'd Health Sheet

Medical Information

Name of Child: _____ DOB: _____

Parent/Guardian Name: _____ Cell #: _____

MY CHILD'S MEDICAL CARE PROVIDER

Medical Care Provider Name _____

Practice/Clinic Name _____

Provider Address _____ Phone _____

Preferred Hospital/Clinic _____

Dentist Name _____

Address _____ Phone _____

Health Insurance Provider and Policy Number _____

In case of emergency and the above mentioned Doctor cannot be reached, I authorize North Park Child Care Center permission to use the nearest physician.

I further authorize North Park Child Care Center to take my child to a hospital and I agree I will pay all doctor's fees and the Center will not be responsible for any costs.

Parent's Signature _____ Date _____

Notary (City of North Richland Hills Requirement)

STATE OF TEXAS

COUNTY OF TARRANT

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____, 2023, BY

_____ PERSONALLY KNOWN OR _____ PRODUCED _____ AS IDENTIFICATION.

SIGNATURE OF NOTARY

(SEAL)

PRINT NAME
NOTARY, PUBLIC, STATE OF TEXAS

MY CHILD'S ALLERGIES:

- **ONLY list medically diagnosed allergies, not preferences.**

<input type="checkbox"/> Medications _____	Reaction _____
<input type="checkbox"/> Food _____	Reaction _____
_____	_____
_____	_____
_____	_____
<input type="checkbox"/> Respiratory _____	Reaction _____
<input type="checkbox"/> Bee Sting _____	Reaction _____
<input type="checkbox"/> Other _____	Reaction _____

If your child is medically diagnosed with allergies you must submit a food and allergy plan **before** entering our center. See Director for form.

Special Notes:

List any special needs or concerns regarding your child that you wish for our Staff to be made aware of:

List any existing illness, previous, serious illness and injuries, hospitalizations during the past 12 months:

List any medications your child takes on a continuous basis:

I understand I must submit and sign authorization forms for North Park Child Care Center to administer medication to my child.

Initial

Parent's Signature

Date

Enrollment Agreement

Name of Child: _____ DOB: _____

Parent/Guardian Name: _____

Please initial each section listed below, then sign and date at the bottom.

TRANSPORTATION:

_____ I give my permission for my child to be transported to/from public school.

Initial

_____ I authorize North Park Child Care Center to evacuate in case of emergency. I understand that the evacuation site will be posted at the Center and I will be notified of location.

Initial

FIELD TRIPS:

_____ I give my permission for my child to participate in field trips and special activities away from the Center. I understand I will be notified in advance of any instances in which my child will be taken from the Center including date, times and destination of such trip.

Initial

_____ I give my permission for my child to participate in supervised swimming/water play activities.
(School Age Only)

Initial

PHOTOGRAPH:

_____ I give my permission for my child to be photographed. I understand the photograph can be used for classroom enrichment, displays and North Park Child Care Center media.

Initial

POLICIES:

_____ I have received a copy of North Park Child Care parent handbook and I am aware of the Center policies and procedures.

Initial

Parent's Signature

Date

Discipline and Guidance Policy

- **Discipline must be:**
 1. Individualized and consistent for each child;
 2. Appropriate to the child's level of understanding; and
 3. Directed toward teaching the child acceptable behavior and self-control.

- **A caregiver may only use positive methods of discipline and guidance that encourages self-esteem, self-control, and self-direction, which include at least the following:**
 1. Using praise and encouragement of good behavior instead of focusing upon only unacceptable behavior;
 2. Reminding a child of behavior expectations daily by using clear, positive statements;
 3. Redirecting behavior using positive statements and appropriate tone of voice;
 4. Using brief supervised separation or time-out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

- **There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:**
 1. Corporal punishment or threats of corporal punishment;
 2. Punishment associated with food, naps, or toilet training;
 3. Pinching, shaking or biting a child;
 4. Hitting a child with a hand or instrument;
 5. Putting anything in or on a child's mouth;
 6. Humiliating, ridiculing, rejecting or yelling at a child;
 7. Subjecting a child to harsh, abusive, or profane language;
 8. Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
 9. Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

My signature verifies that I have read and received a copy of this Discipline Policy for my child,

_____.

Child's Name

Father's Signature

Date

Mother's Signature

Date

Caregiver/Director Signature

Date

Health Care Requirement

All Toddler and Pre-K children (children not enrolled in a public or private school) must have a health statement on file at North Park Child Care Center. This statement supports that your child is physically able to participate in our Child Care program.

A current immunization record for each toddler through Pre-K student must be maintained at our Child Care facility.

_____ I understand it is my responsibility to submit all shot records and updates to North Park Child Care Center in a timely manner. Students will not be enrolled without current shot records.
Initial

_____ If your child will be /is four years old on/by September 1st, you must also provide vision and hearing screening results.
Initial

Is this child able physically/mentally to participate in group activities? _____

Is this child free of infection and contagious disease? _____

Physician's Signature

Date

Physician's address including City, State, Zip

Physician's Phone Number

Parent or Legal Guardian Signature

Date

NOTE: If medical diagnosis and treatment and/or immunizations and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach to the form. If immunization and/or TB testing would be injurious to your child or family, you must obtain a certificate signed by a physician to that effect and attach to the form.