

Date of Admission _____
Date of Withdrawal _____



MISD Child Development Center Enrollment Form _____

MISD Employee # _____ MISD Campus _____

Child's Full Name _____ Sex _____ Age _____ Birth Date _____

Home Address _____ City _____ Zip Code _____ Area Code Phone # _____

Parent 1/ Guardian 1 Name _____ Parent 2/ Guardian 2 Name _____

Parent 1/Guardian 1 Address (if different than child's) _____ Parent 2/Guardian 2 Address (if different than child's) _____

Parent 1/ Guardian 1 Employer _____ Parent 2 / Guardian 2 Employer _____

Parent 1/ Guardian 1 work Phone/Ext. # _____ Parent 2 / Guardian 2-work Phone/Ext. # _____

Parent 1/ Guardian 1 Cell Phone _____ Parent 2/ Guardian 2 Cell Phone _____

Parent 1/Guardian 1 Email _____ Parent 2 /Guardian 2 Email _____

*If you are not available to be reached, please list persons who you would like us to contact in case of emergency or illness and who are authorized to pick up your child – (local names only)
(Do not include parents/guardians below) Must include at least 1 name in this section.*

Name _____ Relationship _____ Address _____ Telephone _____

Name _____ Relationship _____ Address _____ Telephone _____

Name _____ Relationship _____ Address _____ Telephone _____

Child's Name _____

Permission is granted for MISD Child Development Center to:

- Yes No 1. Transport my child off campus in an emergency and be supervised by the center's employees.
- Yes No 2. My child is able to participate in water activities with a water table and/or a possibly a sprinkler – this includes infants.
- Yes No 3. Photos of my child can be used during the school year to be displayed throughout the classrooms.
- Yes No 4. Photos of my child can be displayed on the Manor ISD website and other social media.

I acknowledge receipt of the facility's operational policies including those for discipline and guidance located in the parent handbook.

I understand that I will provide all of the meals for my child this includes a healthy lunch and (2) healthy snacks per day.

MISD/Community Children: I understand that only full-time care is provided Monday through Friday. Center will open at 6:30 am and will close at 5:30 pm. We prefer all children arrive by 8:30am to fully participate in our program. Please call or email the office if your child will be arriving after 8:45am.
Late Pick up Fee: \$1.00 a minute until 5:35pm and \$5 a minute late fee will be charged for each child who is not picked up by 5:35 pm. We are not licensed after 5:30pm please be on time to pick up your child. Give yourself enough time to get into the building, to gather your child's belongings and to sign them out.

Teen Parents Children: I understand that only full-time care is provided Monday through Friday. I understand that I can only bring my child when I am in school and that I must bring them no earlier than 8:30am and no later than 8:45 am or they will not be able to receive care for that day.

I understand the hours of operation for the Child Development Center

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:
 In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:	Address:	Phone #:
Name of Emergency Medical Facility	Address:	Phone #:

My child has been examined within the past year by a health care professional and is able to participate in the childcare program. I will obtain a signed and dated affidavit from a physician stating this. I understand if my child is 4 years old, that he/she must also obtain a vision and hearing test.

I give consent for the facility to secure all necessary emergency medical care for my child.	_____ Signature – Parent or legal Guardian
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List any special problems that you child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

All allergies MUST be MEDICALLY documented by a licensed physician AND must include an EMERGENCY CARE PLAN signed by the parent and physician if you list any here. If none, please put N/A

Signature – Parent or Legal Guardian

Date

3. Water Activities:

I give consent for my child to participate in the following water activities (Check all that apply).

- water table play sprinkler play splashing or wading pools swimming pools aquatic playgrounds

Is your child able to swim without assistance: Yes No

If no, what type of assistance is needed: _____

4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for (Check all that apply).

- | | |
|--|---|
| <input type="checkbox"/> Discipline and guidance | <input type="checkbox"/> Procedures for release of children |
| <input type="checkbox"/> Suspension and expulsion | <input type="checkbox"/> Illness and exclusion criteria |
| <input type="checkbox"/> Emergency plans | <input type="checkbox"/> Procedures for dispensing medications |
| <input type="checkbox"/> Procedures for conducting health checks | <input type="checkbox"/> Immunization requirements for children |
| <input type="checkbox"/> Safe sleep | <input type="checkbox"/> Meals and food service practices |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director | <input type="checkbox"/> Procedures to visit the center without securing prior approval |
| <input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for supporting inclusive services |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website |

5. Meals:

I understand that the following meals will be served to my child while in care (Check all that apply):

- None Breakfast Morning snack Lunch Afternoon snack Supper Evening snack

6. Days and Times in Care:

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		