



Child Enrollment Application & Emergency Information

Child's Name _____ Date of Birth _____
Child's address _____
Days & hours child will be in care _____ Start date _____
With whom does the child live _____

Parents/Guardians:
Mother _____
Last First e-mail
Father _____
Last First e-mail
Address _____
Street City State Zip
Mother's place of employment _____ DL# _____
Cell # _____ Cell Provider: _____ () Work () Home _____
Father's place of employment _____ DL# _____
Cell # _____ Cell Provider: _____ () Work () Home _____

Persons to call in case of an emergency if parents/guardian cannot be reached:
Name _____ Relationship _____
Telephone _____ Complete Address _____
Physician _____ Telephone number _____
& Address _____
Insurance Carrier _____ Card # and/or ID# _____

Release of Children: Oak Brook School will not release a child to any person other than a parent unless previously notified by the parent. I understand that I must notify the school in advance if anyone other than the child's parent is to pick up. _____ Parent Initials

Please list any special needs or problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long term continuous use, and any other information which staff should be aware of: _____ If none, check here
Food Restrictions _____
Medical conditions or past history _____
Food Allergies (Required Dr. Plan of Action) _____
Allergy information will be posted in your child's classroom

Parent Signature _____

Field Trip Permission (5 year olds and older)

I do hereby give permission for my child to attend all field trips planned. I realize that the Oak Brook staff will do everything in their power to protect my child during these field trips. However, I will not hold them responsible for accidents. I also understand that my child will be transported on the Oak Brook school bus.

_____ Parent initial

General Transportation (afterschoolers)

I do hereby give permission for my child to be transported from _____ School. I do realize that the Oak Brook staff will do everything in their power to protect my child during this travel. However, I will not hold them responsible for accidents.

_____ Parent initial

Water Activities Permission (all children)

I do hereby give permission for my child to participate in the following water activities at Oak Brook School:
TT & LT – Sprinklers & EL – Explorers – Swimming Pool (must be fully potty trained)

_____ Parent initial

Summer Sunscreen (all children)

During our Summer program Oak Brook School will provide all of the sunscreen. It will be applied each time the children go outside and for swimming time. We will use clear continuous spray SPF 50 sunscreen.

_____ Parent initial

Authorization for emergency medical attention

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to their choice of medical centers listed below:

_____ Parent initial

| | | |
|-------------------------------------|------------------------------------|--------------|
| Baylor Emergency Medical Center | 511 FM 544 Suite 100 Murphy | 214-294-6150 |
| Lake Point Emergency Services | 2300 FM544 Wylie | 469-366-3400 |
| Methodist Richardson Medical Center | 2831 E George Bush Hwy, Richardson | 469-726-6700 |

I give my consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic. _____ Parent initial

I authorize Oak Brook School to make the decision to transport my child by way of an emergency ambulatory service. I agree that this service will be at my expense. I agree to not hold Oak Brook School responsible for the actions of said emergency personnel.

_____ Parent initial

Signature of Parent or Legal Guardian

Date

Subscribed and sworn to (or affirmed) before me this _____ day of _____

Signature of notarial officer _____ My commission expires _____