

Admission Date: \_\_\_\_\_  
Withdrawal Date: \_\_\_\_\_

THE CHILDREN'S SPOT  
1222 E. Debbie Lane  
Mansfield, Texas 76063  
817-473-0441  
Director: Debbie A. Nicholls

Hours Enrolled: \_\_\_\_\_  
Days Enrolled: \_\_\_\_\_

### ENROLLMENT FORM

CHILD'S FULL NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

PARENT'S / GUARDIAN'S NAMES: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Work # (mom): \_\_\_\_\_ Cell # (mom): \_\_\_\_\_  
Work # (dad): \_\_\_\_\_ Cell # (dad): \_\_\_\_\_  
DL# (mom): \_\_\_\_\_ DL# (dad): \_\_\_\_\_  
Email (mom): \_\_\_\_\_ Email (dad): \_\_\_\_\_

**NAME, ADDRESS, PHONE NUMBER, DL # & RELATIONSHIP TO THE CHILD,  
FOR THE PERSON TO CALL IN CASE OF EMERGENCY, IF PARENTS CANNOT  
BE REACHED:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the Children's Spot to allow my child to leave the center ONLY with the following persons. (**Please list the NAMES, PHONE NUMBER & DL NUMBER for each.**)

\*\*Children will only be released to a parent or a person designated by the parent/guardian. Names must be added by the parent/guardian in person.

**(WE DO NOT ACCEPT CHANGES OR ADDITIONS OVER THE PHONE).**

Name: _____	Phone# _____	DL# _____
Name: _____	Phone# _____	DL# _____
Name: _____	Phone# _____	DL# _____
Name: _____	Phone# _____	DL# _____
Name: _____	Phone# _____	DL# _____

**TRANSPORTATION:** (Please circle all that apply)

I hereby *give / do not give* consent for my child to be transported and supervised by the operation's employees for *emergency care / on field trips / to and from school*.

(Parent/Guardian signature) \_\_\_\_\_

**FIELD TRIPS:** (Please circle all that apply)

I hereby *give / do not give* my consent for my child to participate in Field Trips.

Parent comments: \_\_\_\_\_

(Parent/Guardian signature) \_\_\_\_\_

**WATER ACTIVITIES:** (Please circle all that apply)

I hereby *give / do not give* my consent for my child to participate in Water Activities such as: *sprinkler play / splashing~wading pools / swimming pools / water table play.*

(Parent/Guardian signature) \_\_\_\_\_

**I ACKNOWLEDGE RECEIPT OF THE FACILITY’S OPERATIONAL POLICIES INCLUDING THOSE FOR DISCIPLINE AND GUIDANCE.**

(Parent/Guardian signature) \_\_\_\_\_

I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE: (please circle all that apply)

*breakfast / am snack / lunch / pm snack*

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

*In the event 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 Care Facility:* \_\_\_\_\_

*Address:* \_\_\_\_\_ *Phone:* \_\_\_\_\_

*I give my consent for the facility to secure any and all necessary emergency medical care for my child.*

(Parent/Guardian signature) \_\_\_\_\_

**SPECIAL NEEDS:**

List any special needs/problems that our 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 caregiver’s should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of the Title III, you may call the ADA Information line at (800) 514-0301 (voice) or (800) 514-0383 TTY).

(Parent/Guardian signature) \_\_\_\_\_ Date \_\_\_\_\_

My child attends the following school:

Name of School \_\_\_\_\_

Phone # of school \_\_\_\_\_