



2933 Westhollow Drive, Houston, TX 77082

Phone: 281-578-6787

Director: Norma Lewis

ENROLLMENT FORM

Child's Full Name	Child's Date of Birth	Child's Home Phone
Child's Home Address		

Mother's Name (or Guardian's)	Father's Name (or Guardian's)
Mother's Home Address (if different from Child's)	Father's Home Address (if different from Child's)
Mother's Home Phone	Father's Home Phone
Mother's Cell Phone	Father's Cell Phone
Mother's Work Phone	Father's Work Phone

Emergency Contact Name and Relationship	Emergency Contact Phone and Home Address
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I hereby authorize Little Thinkers to allow my child to be released from the center to the following persons after verification of ID:		
Name and Phone	Name and Phone	Name and Phone

I hereby give do not give consent for my child to be transported for emergency care.

I hereby give do not give consent for my child to participate and be transported on field trips.

I hereby give do not give consent for my child to be transported to and from school.

I hereby give do not give consent for my child to participate in water activities.

My child attends the following school:	
School Name and Address	School Phone

My child's immunization record is on file at the school and all required immunizations are current. Yes No

I have provided Little Thinkers a copy of my child's most current immunization record. Yes No

In the event I cannot be reached to make arrangements for emergency medical care, I authorize Little Thinkers to take my child to:		
Name of Physician	Physician Address	Physician Phone
Name of Emergency Medical Care Facility	Emergency Medical Care Facility Address	Emergency Medical Care Facility Phone



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ENROLLMENT FORM (continued)

If your child does not attend pre-kindergarten or school away from Little Thinkers, one of the following must be presented when your child is admitted to Little Thinkers or within one week of admission.

Please check only one:

- 1. HEALTHCARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he/she is able to take part in the Little Thinkers day care program.

Healthcare Professional's Signature
Date

- 2. A signed and dated copy of a health care professional's statement is attached.
- 3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
- 4. My child has been examined within the past year by a health care professional and is able to participate in the Little Thinkers day care program. Within 12 months of admission, I will obtain a health care professionals' signed statement and will submit it to Little Thinkers.

Healthcare Professional Name and Address	Healthcare Professional Phone
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Please check only one:

- 1. VISION/HEARING CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he/she is able to take part in the Little Thinkers day care program.

Vision/Hearing Care Professional's Signature
Date

- 2. A signed and dated copy of a health care professional's statement is attached.
- 3. My child has been examined within the past year by a vision/hearing care professional and is able to participate in the Little Thinkers day care program. Within 12 months of admission, I will obtain a vision/hearing care professionals' signed statement and will submit it to Little Thinkers.

Vision/Hearing Care Professional Name and Address	Vision/Hearing Care Professional Phone
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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 Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

I certify that all information on this form is true to the best of my knowledge.

Parent or Guardian's Signature
Date

Date of Admission	Date of Withdrawal
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