



Enrollment Form

Child Information

Child's Name _____ Birthday _____

Nickname _____ Male _____ Female _____

Address _____

Parent Information

Father's Name _____

Address _____

E-mail Address _____ Home Phone No. _____

Driver's License No. _____ S.S.N. xxx - xx - _____

Employer _____ Work Phone No. _____

Mother's Name _____

Address _____

E-mail Address _____ Home Phone No. _____

Driver's License No. _____ S.S.N. xxx - xx - _____

Employer _____ Work Phone No. _____

Approved for Pick Up

List all approved persons for your child to be released to other than the above. The child will not be released to anyone else, without permission from the parents.

Name: _____ Phone _____

Address _____

Name: _____ Phone _____

Address _____

Attendance Information

Enrollment Date _____ Days Attending _____ Hours Attending _____

Program in which my child will be enrolled:

- | | | |
|---------------------------------------|---------------------------------------|------------------------------------|
| ☐ Infants | ☐ Toddlers | ☐ Twos |
| ☐ Preschoolers | ☐ Kindergarten | ☐ Schoolers |

Schooler's Information

School Attending _____

School Address _____ Phone _____

Arrival Time _____ Dismissal Time _____

Transportation

I understand that this transportation authorization is used only for transporting my child to or from a public or private school other than The Education Station. This form is not a transportation permission for special field trips. I understand that a separate permission slip must be used if my child is to participate in field trips.

Parents Signature

Date

Splash Day

I hereby authorize my child to be able to participate in The Education Station's "Splash Day" during summer. I understand that I have to provide sunscreen, and towel for my child to use.

Parents Signature

Date

Field Trips

I hereby authorize my child to be able to participate in field trips organized by The Education Station. I understand that I will have to provide a separate signature form on the day of each field trips to allow transport of my child to the designated place.

Parents Signature

Date

Medical

I hereby authorize The Education Station to take my child to the physician named below or to any licensed physician or medical facility to treat my child in the event of an emergency.

Physician Name

Address

Phone

Does your child have any special problems or needs, including known allergies, existing illnesses, previous serious illnesses or injuries, any disabilities, any hospitalizations during the past 12 months, and any medication prescribed for long-term, continuous use? If yes, please describe

I understand that I may request a conference about my child with the director and my child's teacher at any time and an appointment will be scheduled.

I understand that it is The Education Station's obligation to inform their families of any special problems or communicable disease in the center.

I acknowledge and accept by my signature below the receipt of The Education Station's school policy. I understand that I am responsible to read and follow its contents.

Parents Signature

Date



Child Profile

Indicator 3.06 AdvancED

This profile will help your child's teacher get to know your child better. Your input will also help with your child's adjustment to their new classroom.

Child's Full Name: _____ Date of Birth: ____/____/____

Child's living arrangements: ☐ Both Parents ☐ Mother ☐ Father ☐ Other

What is the primary language spoken in the home? _____

Family Members in the household: _____

Is this your child's first experience in group care? ☐ Yes ☐ No

What milestone(s) has your child reached? _____

Please list any special accommodations needed to most effectively meet your child's needs while at this school:

Parent/Guardian Signature

____/____/____
Date



Child Allergy Profile

Child's Full Name: _____ Class: _____

Allergy: _____

Symptoms of Allergic Reaction:

Emergency Care Plan:

Parent/Guardian Signature

____/____/____
Date



Health and Emergency Permission

This form must be completed for all enrolled children.

Child's Full Name _____ Age _____ Gender _____

Date of Birth _____ Home Phone _____

Child's Home Address _____

Parent/Guardian Name _____

Phone 1: _____ Phone 2: _____

Parent/Guardian Name _____

Phone 1: _____ Phone 2: _____

Medical Information

Doctor to be contacted when parents cannot be reached:

Name _____ Phone Number _____

Address _____

Dentist:

Name _____ Phone Number _____

Address _____

Health Insurance Provider:

Name _____ Phone Number _____

Address _____

Does your child have special needs affecting participation in school activities? Yes No

Specify: _____

Does your child have allergies? Yes No

Specify: _____

Actions taken: _____

Parent/Guardian Signature

Date

Owner/Director Signature

Date



Authorization to Dispense

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give The Education Station permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

- ☐ Baby Wipes
- ☐ Band-aids
- ☐ Neosporin or similar ointment
- ☐ Bactine or similar first aid spray
- ☐ Sunscreen
- ☐ Insect Repellent
- ☐ Non-prescription ointment (such as A & D, Desitin, Vaseline)

Other (please specify) _____

Parent/Guardian Signature

____/____/____
Date



Transportation Agreement

The following information is required by The Education Station annually.

Child's Full Name: _____ Date of Birth ____/____/____

The Education Station emergency transportation/medical procedure:

1. Call emergency medical term, if necessary
2. Call parent/guardian
3. Call alternate emergency contact, if necessary
4. Emergency medical team transports child to hospital, if necessary
5. The Education Station representative will accompany child to hospital.

For School Age Use Only: If the child relocates to another school or the hours change, this form must be updated.

Name of School: _____

School Address: _____

School Phone: _____

- In the event the designated location is unable to receive children they will be returned to The Education Station.
- It is vital that The Education Station be notified of any changes in the above schedule transportation
- The Education Station will assume the above schedule of transportation will be followed unless we receive different instructions from parents. Instructions should be received at The Education Station by the earliest possible time.

I, _____ agree for my child to be transported by The Education Station.

☐ To school at _____ (am/pm)

☐ To school at _____ (am/pm)

On the following days: Monday Tuesday Wednesday Thursday Friday

☐☐☐☐☐

Parent/Guardian Signature

____/____/____
Date

Owner/Director Signature

____/____/____
Date



Release of Name and Likeness

For good and valuable consideration, I do hereby agree as follows:

1. **USE OF NAME AND LIKENESS.** I hereby grant The Education Station the right and permission to use in perpetuity, my and my minor child's name, image, voice, recorded voice, appearance, biographical information, statements, performance and/or testimonial(s) (collectively, "Appearance") in any manner and in any media, now known or later developed, throughout the world, at any time, for the purpose of advertising and publicizing The Education Station products and services, without review, permission or compensation of any amount or kind whatsoever. The Education Station shall have complete ownership of any recording, product, copy, representation or other material or file containing or featuring my or my minor child's Appearance ("Product"), including copyright interests, and I acknowledge I have no interest or ownership in the Product (or any portion thereof) of its copyright. This grant includes without limitation the right for The Education Station to edit, abridge, augment, title, or create a compilation from me and my minor child's Appearance in whole or part as The Education Station may elect in its sole discretion.
2. **RIGHT TO CONTRACT.** I am at least 18 years of age and the parent of minor child and have the right and the ability to enter into this agreement.
3. **RELEASE OF LIABILITY.** I shall not hold The Education Station responsible for any liability resulting from the lawful use of my and my minor child's Appearance in accordance with the terms of this agreement.
4. **NO OBLIGATION.** I understand that The Education Station has the right, but not the obligation to use my or my minor child's Appearance.
5. **NO CONFLICTS.** I confirm that I have the right to enter into this Agreement, that I am not restricted by any commitments to third parties, and that The Education Station has no financial commitment or obligations to me as a result of this Agreement. I will not authorize or permit the use of my and my minor child's name, voice, photograph, likeness, or testimonial in connection with the advertising or promotion of any product or service competitive to or incompatible with The Education Station's products or services for two years after the date of this agreement.

I agree that this agreement shall be construed in accordance with the laws of the state of Texas, as contracts made in Texas.

Parent Signature

Date



Tuition and Payment Agreement

1. The Education Station agrees to provide childcare for _____ on
M ___ T ___ W ___ Th ___ F ___ from _____ AM to _____ PM
2. I agree to pay the tuition fee and all other applicable fees listed on the Pricing List. I understand that rates and fees are subject to change with reasonable notice.
3. I agree to pay the tuition fee of \$_____, as designated by the school. Payment will be due by Monday, close of business day, every week. Failure to pay by the close of business on Monday will result in a \$10.00 per day late fee. If payment is not made by Friday close of business each week, including late fees, The Education Station will refuse services until balance is paid in full.
4. I understand that a non-refundable application fee of \$100.00 is due and payable at the time of enrollment.
5. I understand that I must pay a yearly materials fee of \$100.00 by May 1st of each year to cover curriculum development, and classroom materials and supplies. This fee does not cover special events or fieldtrips. If a student starts after May 1st the fee will be pro-rated.
6. I understand that The Education Station must provide adequate staffing at all times for the total number of children enrolled. No tuition credit will be given for any days the school is closed for any reason, including holidays, scheduled closing dates, sickness, personal trips, severe weather, and/or emergency closings.
7. I understand that in order to withdraw, written notice must be made at least two weeks in advance and that the tuition for that two-week period must be paid in full in advance. Any additional days the child will attend will be charged at a rate of \$50.00 per day for all classes.

Parent/Guardian Signature

____/____/____
Date

Director Signature

____/____/____
Date