

# Enrollment Application and Agreement

Enrollment Date: \_\_\_\_\_ Assigned Classroom: \_\_\_\_\_ Turn in Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Male  Female Child's Home Address: \_\_\_\_\_

Child Lives With?  Both parents  Mom  Dad  Guardian

Mother/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Address: (If different from child's) \_\_\_\_\_

Phone (w) \_\_\_\_\_ Phone (c) \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Address: (If different than child's) \_\_\_\_\_

Phone (w) \_\_\_\_\_ Phone (c) \_\_\_\_\_

Normal attendance Monday through Friday will be \_\_AM to \_\_PM

Depot students must be signed into the program no later than 9:30am Initials: \_\_\_\_\_

In case of emergency, call:

Name of Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

I authorize the child care operation to release my child to leave the child care operation ONLY with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## Signed Enrollment Agreement

\_\_\_\_\_  
Signature of Legal Parent or Guardian

\_\_\_\_\_  
Date Signed

## Consent Information

### 1. Transportation:

I give consent for my child to be transported and supervised by the operation's employees (check all that apply)

for emergency care  on field trips  to and from home  to and from school

### 2. Field Trips:

I give consent for my child to participate in field trips

I do NOT give consent for my child to participate in field trips.

Comments:

**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 child   |
| <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"/> Immunizations 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 director                                  | <input type="checkbox"/> Procedures to visit center w/out prior approval   |
| <input type="checkbox"/> Promotion of indoor and outdoor physical activity 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 parent 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  Morning snack  Lunch  Afternoon snack

**Child’s Special Care Needs (check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> Environmental Allergies                                 | <input type="checkbox"/> Limitations or restrictions on child’s activities        |
| <input type="checkbox"/> Food intolerances                                       | <input type="checkbox"/> Reasonable accommodations or modifications               |
| <input type="checkbox"/> Existing illness  | <input type="checkbox"/> Adaptive equipment ( <i>include instructions below</i> ) |
| <input type="checkbox"/> Previous serious illness                                | <input type="checkbox"/> Symptoms or indications of complications                 |
| <input type="checkbox"/> Injuries and hospitalizations ( <i>past 12 months</i> ) | <input type="checkbox"/> Medications prescribed for continuous long-term use      |
| <input type="checkbox"/> Other: _____  |   |

Explain any needs selected above:

Does your child have diagnosed food allergies? Yes No

Food Allergy Emergency Plan \_\_\_\_\_

Child day care operations are public accommodations under the American with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/child-care-center/> 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)

\_\_\_\_\_  
Signature - Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

### Authorization For Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Name of Emergency Care Facility: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

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

\_\_\_\_\_  
Signature - Parent or Legal Guardian                      Date Signed

### Requirement for Exclusion from Compliance

- I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief on the form described by section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- I have attached and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denominations that I am an adherent or member of

### Vision Exam Results

Right Eye 20/    Left Eye 20/    Pass    Fail

\_\_\_\_\_  
Signature - Health Care Professional                      Date Signed

### Hearing Exam Results

Ear	1000Hz	2000Hz	4000Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail

\_\_\_\_\_  
Signature- Health Care Professional                      Date Signed

**Admission Requirements**

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission *(Select only one option.)*

- Health Care Professional’s Statement: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.
- A signed and dated copy of a health care professional’s statement is attached.
- 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.
- My child has been examined within the past year by a health care professional and is able to participate in day care program. Within 12 months of admission, I will obtain a health care professional’s signed statement and submit it to the child care operation.

\_\_\_\_\_  
Name of Health Care Professional, if selected

\_\_\_\_\_  
Address of Health Care Professional, if selected

\_\_\_\_\_  
Signature - Health Care Professional

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature - Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

**Varicella (Chickenpox)**

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement. My child had varicella disease (chickenpox) on or about \_\_\_\_\_ and does not need the varicella vaccine.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**Additional Information Regarding Immunization**

For additional information regarding immunization, visit the Texas Department of State Health Services website at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm)

**TB Test (if required)**

Positive      Negative      Date:\_\_\_\_\_

**Gang Free Zone**

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

**Privacy Statement**

HHSC values your privacy, for more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

**Physician or Public Health Personnel Verification**

Signature or stamp of a physician or public health personnel verifying immunization information above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed



*“Train up a child in the way he should go: and when he is old,  
He will not depart from it.” Proverbs 22:6*

**The Depot**, a ministry of Conroe First Assembly of God focuses on developing whole persons - persons who are healthy in mind, body, and spirit. At **The Depot**, children are surrounded by an atmosphere which has been designed to promote that wholeness from infancy through age five. Jesus Christ of Nazareth is The Depot’s model for wholeness. (*“And Jesus increased in wisdom and stature, and in favor with God and man.”*) Luke 3:52

<b>Age</b>	<b>Registration</b>	<b>Childcare</b>	<b>Food Service</b>
<b>Infants (6 weeks - 11 months)</b>	\$125/year	\$265.00/week \$1,091/month	Per Individual Child’s Needs
<b>Infants (12 months - 17 months)</b>	\$125/year	\$250/week \$1,030/month	2 snacks and Lunch
<b>Toddler (18 months - 24 months)</b>	\$125/year	\$215/week \$885/month	2 snacks and Lunch
<b>Early Preschool (2yrs)</b>	\$125/year	\$205/week \$844/month	2 snacks and Lunch
<b>Preschool (3 years)</b>	\$125/year	\$200/week \$823/month	2 snacks and Lunch
<b>Pre-K (4 years)</b> Student turns 4 before Sept 1st	\$125/year \$125/Curriculum	\$195/week \$803/month	2 snacks and Lunch

**HEARING & VISION EXAMS REQUIRED ONCE THE CHILD IS 4 YEARS OF AGE**

A 10% discount is allowed on sibling rates.