

# Grace Point Day School Enrollment Form

## Child Information:

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ **Age/Grade:** \_\_\_\_\_

**Child's Address:** \_\_\_\_\_

**Gender:** ☐ Male ☐ Female **Date of Birth:** \_\_\_\_\_

## Parent/Guardian Information

**Parent /Guardian 1** **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

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

**Date of Birth:** \_\_\_\_\_ **Home Phone:** (    ) \_\_\_\_\_

**Cell Phone:** (    ) \_\_\_\_\_ **Cell Phone Provider:** (ex. Sprint, At & t) \_\_\_\_\_

**Occupation/Employer:** \_\_\_\_\_

**Work Phone:** (    ) \_\_\_\_\_ **Email:** \_\_\_\_\_

☐ Custodial Parent *(If married, mark both parents)*

**Marital Status:** ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Other \_\_\_\_\_

**Relationship to Child:** ☐ Mother ☐ Father ☐ Grandparent ☐ Foster Parent ☐ Other \_\_\_\_\_

**Mark All that Apply:** ☐ Child Lives With ☐ Emergency Contact ☐ Authorized Pickup

**Parent /Guardian 2** **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

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

**Date of Birth:** \_\_\_\_\_ **Home Phone:** (    ) \_\_\_\_\_

**Cell Phone:** (    ) \_\_\_\_\_ **Cell Phone Provider:** (ex. Sprint, At & t) \_\_\_\_\_

**Occupation/Employer:** \_\_\_\_\_

**Work Phone:** (    ) \_\_\_\_\_ **Email:** \_\_\_\_\_

☐ Custodial Parent *(If married, mark both parents)*

**Marital Status:** ☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ Other \_\_\_\_\_

**Relationship to Child:** ☐ Mother ☐ Father ☐ Grandparent ☐ Foster Parent ☐ Other \_\_\_\_\_

**Mark All that apply:** ☐ Child Lives With ☐ Emergency Contact ☐ Authorized Pickup

Is there is other information you would like us to know?

\_\_\_\_\_

\_\_\_\_\_

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**Who is responsible for payment of tuition and fees?** Please indicate if tuition must be split between two parties if payment is the responsibility of an adult other than the parents/guardians listed above.

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### Emergency Contacts & Authorized Pickup Persons:

#### 1<sup>st</sup> Contact/Pick up

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

☐ Emergency Contact      ☐ Authorized to pick up

#### 2<sup>nd</sup> Contact/Pick up

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

☐ Emergency Contact      ☐ Authorized to pick up

#### 3<sup>rd</sup> Contact/Pick up

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

☐ Emergency Contact      ☐ Authorized to pick up

#### OPTIONAL

#### 4<sup>th</sup> Contact/Pick up

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

☐ Emergency Contact      ☐ Authorized to pick up

# Grace Point Day School Enrollment Form

## Pediatrician Information

Pediatrician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

*In the event that I cannot be reached to make arrangements for emergency attention at the time of an illness or injury, I hereby authorize EMS to transport my child to the nearest Hospital Emergency Room.*

Parent/Guardian Initial: \_\_\_\_\_ Date: \_\_\_\_\_

**Does your child have birthmarks or Mongolian Spots that we should be aware of?** [   ] Yes [   ] No

If Yes, please describe their appearance & location: \_\_\_\_\_

**Does your child have any existing illnesses, previous serious illness, injuries, was hospitalized within the last 12 months, medications prescribed for continuous long term use, or other medical or special needs?** [   ] Yes [   ] No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Has your child ever been evaluated for special assistance or counseling?** [   ] Yes [   ] No

If yes, please explain: \_\_\_\_\_

Limitations (activities your child should NOT engage in): \_\_\_\_\_

**Has your child attended daycare before?** [   ] Yes [   ] No    *Name of Center:* \_\_\_\_\_

**Does your family attend church?** [   ] Yes [   ] No    *Name of Church:* \_\_\_\_\_

### **Photographs:**

[   ] **Yes**, I authorize my child's photos to be taken for **Daycare/private parent FB page/website use**.

[   ] **DAYCARE ONLY**, I authorize my child's photo to be taken and used for **daycare purpose only**.

(Pictures will not be made Public)

[   ] **No**, I do NOT authorize my child's picture to be taken for website or daycare use, ONLY for security purposes.

**Upon request, our staff will apply sunscreen/bug spray (provided by parents) before going outdoors.**

[   ] **Yes**, I give permission for staff to apply the sunscreen/bug spray, which I provide to my child before going outdoors. All items **MUST** be labeled with your child's First Name and Last Initial.

[   ] **No**, I would NOT like sunscreen/bug spray to be put on my child.

## Grace Point Day School Enrollment Form

I understand that the following documents must be turned in prior to my child's 1st day at the daycare.

- A copy of the child's Immunization Records. Texas law (H.B. 106) requires that all children admitted to child care institutions and schools shall be immunized against the following diseases: measles/mumps/rubella, diphtheria, tetanus, pertussis, Hib meningitis, polio, hepatitis B and varicella. Children may be provisionally admitted if immunizations are begun and continued as rapidly as medically possible.
- The signed Doctor Health Statement (Physical) (Not applicable for School Age children.)
- The signed Parent Handbook Agreement signature page provided in the enrollment packet.

Regarding policies such as;

- Registration & Enrollment- a **30-day** notice is required for withdrawal
- Tuition is paid regardless of attendance
- Tuition Payments and Late Fee- A \$15.00 Late Fee will be assessed for tuition that is not paid on the first day due.

Printed Name of Parent/Guardian: \_\_\_\_\_

 Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I verify all information is correct and accurate. Should any information change I understand it is my responsibility to promptly update my information at the front desk.

Printed Name of Parent/Guardian: \_\_\_\_\_

 Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## PERSONAL INFORMATION TO BE SHARED WITH

## Grace Point Day School Enrollment Form

### CHILD'S TEACHER

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Child's name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

Health Concerns: \_\_\_\_\_

**Allergies** (*ONLY as specified by the pediatrician*)

\*F.A.R.E. Action Plan **MUST** be submitted at time of enrollment with Physician's signature.

Dislikes: \_\_\_\_\_

Personal Hygiene Awareness \_\_\_\_\_

Eating Habits: \_\_\_\_\_

Siblings (name/age): \_\_\_\_\_

Parents Marital Status: \_\_\_\_\_

Child Lives With: \_\_\_\_\_

Special Interest: \_\_\_\_\_

Activities child should not engage in: \_\_\_\_\_

List any challenges you foresee your child's teacher may have with your child:

Is there any other information that you believe would be helpful for the teacher to best meet your child's needs?

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## Parent Handbook Acknowledgement Form

## Grace Point Day School Enrollment Form

I have viewed a copy of the "Grace Point Day School Parent Handbook".  
I acknowledge that a copy is accessible at [www.gracepoint.org/dayschool](http://www.gracepoint.org/dayschool)

I agree to abide with all the terms, conditions and policies contained therein.

### Child's Name

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### Parent/Guardian #1

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

### Parent/Guardian #2

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Director/Assistant Director \_\_\_\_\_

Date \_\_\_\_\_