



Wellborn Learning Center
Discover. Learn. Grow.

Enrollment Application

Please complete entire form, do not leave blanks. PRINT CLEARLY!

Childs Full Name _____	Date of Birth _____
Childs Home Address _____	City, State, Zip _____
Childs Home Phone Number _____	Date of Admission _____

Mothers Full Name _____	Fathers Full Name _____
Mothers Date of Birth _____	Fathers Date of Birth _____
Mothers Cell/Home Phone Number _____	Fathers Cell/Home Phone Number _____
Mothers Work Phone Number _____	Fathers Work Phone Number _____
Mothers Address _____	Fathers Address _____
Mothers City, State, Zip _____	Fathers City, State, Zip _____
Mothers Email Address _____	Fathers Email Address _____
Place of Employment _____	Place of Employment _____

Is there a custody order on file with The State of Texas? (circle) YES NO PENDING
**If circled YES, a current copy of your court order MUST be attached*

Emergency Contact and Authorization to pick up *Please list 3 local individuals to contact in the event of an emergency*

Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

Permissions (please circle)

I hereby give / do not give consent for my child to be transported and supervised by the operations employees for
(please circle all that apply) Emergency Care Field Trips To and From School

I hereby give / do not give consent for my child to participate in field trips

I hereby give / do not give consent for my child to participate in water activities
(please circle all that apply) Sprinkler Play Splashing/Wading Pools Water Table Play

I acknowledge receipt of the facility's operational policies including those for discipline and guidance.
 Parent Signature _____ Date _____

I understand that a morning snack, lunch, and afternoon snack will be served.
 Parent Signature _____ Date _____

School Age Children My child attends the following school:

Name of School _____

Address, City, Zip, and Phone _____

My child's immunization records, vision, and hearing screenings are on file at the school and are current.
 Parent Signature _____ Date _____

Parent or Legal Guardian Signature

Date

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 _____ Emergency Medical Care Facility _____
Address _____ Address _____
Phone _____ Phone _____

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

Signature of Parent _____ Date _____

Attendance

My child will normally be in attendance the follow days and times:

Monday from: _____ to: _____
Tuesday from: _____ to: _____
Wednesday from: _____ to: _____
Thursday from: _____ to: _____
Friday from: _____ to: _____

Special Needs

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during that past 12 months, and medication prescribed for long-term continuous use, and any other information which caregivers should be aware of: _____
If not applicable, initial here _____

Photo Release

From time to time our facility may take photographs for educational use. I give consent for the facility to take photographs of my child.

Parent Signature _____ Date _____

Outside Employment

I understand that the staff at this facility are prohibited in participating in outside employment with parents.

Parent Signature _____ Date _____

Social Networking

I understand that the staff at this facility are prohibited in participating in social networking activities with parents and children enrolled at the facility. *(Such as Facebook, MySpace, and Twitter)*

Parent Signature _____ Date _____

Parent or Legal Guardian Signature

Date