Spicewood Country School Enrollment Form

Information

Name (Last, First, Middle Name)	Date of Birth	Home Phone	
Address Street	**City**	**State**	**Zip Code**
Parent Names			
Address Street (If Different than above)	**City**	**State**	**Zip**
Parent Phone Numbers			**Any extra numbers**
Home	**His Work**	**Her Work**	**Cell**
Person to call in an emergency if parents cannot be reached:			
Name	**Phone #**	**Relationship**	
Name	**Phone #**	**Relationship**	
Name	**Phone #**	**Relationship**	
I hereby authorize the day care facility to allow my child to leave the center with:			
Name	**Phone #**		
Name	**Phone #**		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other info which staff should be aware of:

Authorization for Emergency Medical Attention

In the event that I cannot be reached to make emergeny medical attention, I authorize the facility and or the director/person in charge to take my child to :

Name of Physican: Phone #

Physician Address:

Hospital:

I hereby give consent for necessary treatment when my child is in the care of this physician and/or hospital/clinic.

Signature Date

Transportation

I hereby ☐ give ☐ do not give my consent for my child to be transported and supervised by facilities staff:

☐ Field Trips ☐ To and from School ☐ To and from Home

Water Activities

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

☐ Splashing Pools ☐ Wading Pools ☐ Swimming Pools ☐ Creek

Parents Comments