

Angel Land Preschool
2023-2024 Enrollment Form

Child's Name _____ Birthdate _____ Age _____ Sex _____

Address _____ City & Zip _____

Phone Number _____ E-mail address _____

Mother's Name _____ Mother's Driver's License _____

Cell Phone _____ Employer _____ Business Phone _____

Father's Name _____ Father's Driver's License _____

Cell Phone _____ Employer _____ Business Phone _____

Are parents separated or divorced? _____ If yes, who is the custodial parent? _____

Is the non-custodial parent allowed to pick up the child? _____ Custody Documents on File? Yes No

Church you most often attend _____

Persons to be called in case of illness or emergency other than parents:

Name _____ Phone _____ Relationship to Child _____

Name _____ Phone _____ Relationship to Child _____

The following people have my permission to pick up my child. I understand that my child will not be released to anyone not listed below other than parents:

Name _____ Phone _____ Driver's License _____

Name _____ Phone _____ Driver's License _____

Name _____ Phone _____ Driver's License _____

Child's Special Care Needs (check all that apply)

___ Environmental allergies

___ Limitations or restrictions on child's activities

___ Food intolerances

___ Reasonable accommodations or modifications

___ Existing illness

___ Adaptive equipment (include instructions below)

___ Previous serious illness

___ Symptoms or indications of complications

___ Injuries and hospitalizations (past 12 mo.)

___ Medications prescribed for continuous long-term use

Explain any needs selected above:

Does your child have diagnosed food allergies? Y N

Food Allergy Emergency Plan Submitted Date:

Cross Church

6955 Blvd. 26 N. Richland Hills, Texas 76180 (817) 589-7014

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Children with disabilities and other special learning needs will be welcome in our classrooms to the extent they can participate in our usual program. Parents will be asked to provide the accommodation recommendations made by their child's health care professional or other qualified professional affiliated with the school district or early intervention program. Staff will work with outside specialists on methods and plans to best meet the individual needs of each child and their family. Enrollment for children with special needs will not be terminated unless a child presents a danger to themselves or others, physically or emotionally or their needs require a fundamental alteration to the program.

Physician's Name _____ Phone Number _____

Address _____ Hospital Preference _____

Insurance Company Name _____ Policy Number _____

I give consent for my child to participate in water table play. **Yes No**

I consent for my child to be photographed and the photos used for purposes of Angel Land promotion ie. Angel Land website, Angel Land brochures. Yes No

____ I have attached a signed and dated affidavit stating that I decline immunizations for reasons 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 a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

In order to meet all legal requirements, I hereby authorize a representative of Angel Land Preschool, Cross Church NRH to give consent for any and all necessary medical care for my child _____ while said child is in Angel Land Preschool custody.

I agree to abide by all of the Angel Land Preschool policies. **I understand the registration fees are non-refundable and I must give a written two-week paid notice to withdraw.**

Signature of Parent or Guardian