

Kingdom Kids Preschool & Kindergarten
Sunnyvale First Baptist Church
Enrollment Form

3018 N. Belt Line Road
972-226-0526, ext. 131

Sunnyvale, TX 75182
kingdomkids@sunnyvalefbc.com

Child's First Name	Child's Last Name
Date of Birth	male or female
Address	City Zip
Mother's name (please print)	Mother's Driver License # Home Phone #
Home address	City/State/Zip Cell Phone #
Mother's work place and address	City/State/Zip Work Phone #
Father's name (please print)	Father's Driver License # Home Phone#
Home Address	City/State/Zip Cell Phone #
Father's work place and address	City/State/Zip Work Phone #
E-mail address	

***PERSONS, OTHER THAN PARENTS/LEGAL GUARDIANS, AUTHORIZED TO PICK UP YOUR CHILD
OR TO CONTACT IN CASE OF EMERGENCY:**

(No child will be released to a person whose name is not on this list unless we receive written authorization from parent)

Name	Relationship	Phone Number Home:
Address		Phone Number Cell:
City/State/Zip		Driver's License #
Name	Relationship	Phone Number Home:
Address		Phone Number Cell:
City/State/Zip		Driver's License #

(List any others on a separate sheet of paper)
COMPLETE REVERSE SIDE

MEDICAL INFORMATION

Child's Physician	Address	Phone #
Hospital Preference (please pick your preference)		
<input type="checkbox"/> Children's Medical Center-Dallas 1935 Medical District Dallas, TX 75235 (214) 456-7000	<input type="checkbox"/> Medical City Dallas Hospital 7777 Forest Lane Dallas, TX 75230 (972) 566-7000	<input type="checkbox"/> Baylor University Medical Center at Dallas 3500 Gaston Ave. Dallas, TX 75246 (214) 820-0111
<input type="checkbox"/> Texas Regional Medical Center at Sunnyvale 231 South Collins Rd. Sunnyvale, TX 75182 (972) 892-3000		
Diagnosis of physical or mental impairment		
Special Diet and/or any Doctor diagnosed FOOD allergies		
Medication prescribed on a regular basis (You must fill out a medication release form to be left in the Kingdom Kids office)		
Limited activities (List activities which child should not participate)		
Any additional information you feel we should know about your child (Example: wants blanket at naptime, prefers sleeping on tummy, etc.)		

_____ By initialing here I consent to the VIDEO/PHOTO RELEASE for photographs and/or video may be taken of my child throughout the year for promotional, craft, and memory book purposes while at Kingdom Kids.

"Child daycare operations are public accommodations under the American with Disabilities Act (ADA), Title III. 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)."

AGREEMENT

1. I understand that I need to provide Kingdom Kids Preschool & Kindergarten with an updated copy of my child's immunization record, health statement and insurance card.
2. I understand that my child will not be released to anyone except the persons that I have listed on the front of this form. Any change of this procedure must be given in writing to the director/assistant director.
3. If my child becomes ill or is injured and I or my personal physician cannot be reached, I authorize Sunnyvale First Baptist Church Kingdom Kids Preschool & Kindergarten and its agents to obtain emergency medical treatment and I hereby release said program and its agents from liability for action taken pursuant to this release.

I have read and will abide by both the above agreement and policies. I affirm that this enrollment form is correct to the best of my knowledge.

Signature of parent or guardian

Date