

**JUNIOR'S JUNCTION
CHILD CARE LEARNING CENTER
2249 E. LOOP 820 N.
FORT WORTH, TEXAS 76118
(817) 284-1221**

CHILD ENROLLMENT RECORD

I. ATTENDANCE RECORD

Date Enrolled _____ Hours Attending _____

II. ENROLLMENT RECORD

CHILD'S INFORMATION

Child's Name _____ Sex Male or Female

Birthdate _____ Age _____ Child's Home Phone (____) _____

Child's Home Address _____
street city state zip code

MOTHER'S INFORMATION

Mother's Name _____

Birthdate _____ SSN _____ Driver's Lic # _____

Mother's Home Address _____
street city state zip code

Home Phone (____) _____ Cell Phone/Pager (____) _____

Employed by _____ Occupation _____

Business Phone (____) _____

FATHER'S INFORMATION

Father's Name _____

Birthdate _____ SSN _____ Driver's Lic # _____

Father's Home Address _____
street city state zip code

Home Phone (____) _____ Cell Phone/Pager (____) _____

Employed by _____ Occupation _____

Business Phone (____) _____

Parent's marital status: () together () separated () single
() divorced () widowed

If parents are separated or divorced, who has custody of the child? _____

If one parent is NOT allowed to pick up child, please **FURNISH COURT ORDER.**

VI. MEDICAL HISTORY

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

VII. MEDICAL AUTHORIZATION

Emergency Medical Care

Doctor	Address	Phone
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Hospital	Address	Phone
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I hereby authorize JUNIOR'S JUNCTION CHILD CARE CENTER to take my child to the above named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached. If the above named physician cannot be reached I hereby give my consent for the facility to secure any and all necessary emergency medical care for my child.

Parent Signature	Date
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VIII. SCHOOL INFORMATION

SCHOOL AGE CHILDREN

My child attends the following school:

School	Address	Phone
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CHECK ALL THAT APPLY:

_____ His / Her immunization record and vision & hearing screening is current and on file at school.

_____ My child has permission to ride Junior's Junction van to and / or from school.

_____ My child has permission to walk to or from school or home.

_____ My child has permission to be released to the care of a sibling under 18 years of age.
(Name of sibling(s): _____)

Parent Signature	Date
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