

Little Blue Schoolhouse  
102 Corporate Drive  
Bastrop, TX 78602  
[www.littleblueschoolhouse.com](http://www.littleblueschoolhouse.com)  
512-321-5803

ENROLMENT FORM

Please print and complete ALL lines

Name of Child: \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Name Child Called \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Child's Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Email \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employed at \_\_\_\_\_ Work Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Email \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employed at \_\_\_\_\_ Work Phone \_\_\_\_\_

AUTHORIZATION FOR RELEASE

Please fill out completely – any missing information can result in child not being released to person on your list

Person authorized to pick up child other than parent

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
Drivers License # \_\_\_\_\_ Phone Number \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_  
Drivers License # \_\_\_\_\_ Phone Number \_\_\_\_\_
3. Name \_\_\_\_\_ Address \_\_\_\_\_  
Drivers License # \_\_\_\_\_ Phone Number \_\_\_\_\_

ATTENDANCE INFORMATION FOR PRESCHOOL CHILDREN (circle one)

My Child will be enrolled at the center on a (weekly daily drop-in ) basis from \_\_\_\_\_am until \_\_\_\_\_am/pm  
\_\_\_\_\_ day(s) of the week beginning \_\_\_\_\_ (date).

ATTENDANCE INFORMATION FOR BEFORE/AFTER SCHOOL CHILDREN (circle one)

Name of Public School \_\_\_\_\_

Grade \_\_\_\_\_ Phone number \_\_\_\_\_ Teacher \_\_\_\_\_

If your Child rides the bus please indicate what bus he/she rides and times bus will pick up and deliver from/to center:  
\_\_\_\_\_

My Child will be enrolled at the center on a (weekly daily drop-in ) basis from \_\_\_\_\_ am until \_\_\_\_\_ am/pm

\_\_\_\_\_ day(s) of the week beginning \_\_\_\_\_ (date).

#### MEDICAL INFORMATION

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

#### General Health Information – Provided by Parent

Please list any allergies to:

Food \_\_\_\_\_ Medications \_\_\_\_\_ Insect bites or any other \_\_\_\_\_

Should child come in contact with any of the above allergens what is the reaction and what is to be done?  
\_\_\_\_\_

Does your child have any health problems or existing illnesses? \_\_\_\_\_ Any previous serious illness or injury? \_\_\_\_\_

Has your child been hospitalized in the past 12 months? \_\_\_\_\_ If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Is your child taking any medication on a regular long term basis? \_\_\_\_\_ If yes, please list? \_\_\_\_\_

Please describe what medication is for and any reactions that may occur from this medication \_\_\_\_\_  
\_\_\_\_\_

Has your child been tested for behavior disorders? \_\_\_\_\_ If yes, what was diagnosis \_\_\_\_\_

ADD \_\_\_\_\_ ADHD \_\_\_\_\_ Autism \_\_\_\_\_ Aspergers \_\_\_\_\_ Other \_\_\_\_\_

Does your child take medication to assist in behavior modifications? \_\_\_\_\_ If yes, what? \_\_\_\_\_

#### STATEMENT OF HEALTH

This statement is required by law, unless you have a statement signed by the physician stating the same

My child \_\_\_\_\_ has been examined by a physician in the past year and is able to participate in the day care program. The physician who examined my child is:

(Dr. Name) \_\_\_\_\_ (Address) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

AUTHORIZATIONS AND EMERGENCY INFORMATION

Child's Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Child's Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

In the event of an emergency, in which neither parent can be reached please contact the following relative or friend:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Drivers License# \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Drivers License# \_\_\_\_\_

In the event of an emergency and neither parent nor authorized emergency contact can be reached, I hereby authorize Little Blue schoolhouse to take my child to the physicians named above or the emergency facility listed below. If a specific facility is NOT indicated the closest emergency medical facility will be utilized.

Facility \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

In the event of an emergency, in which the named physician cannot be reached, I hereby authorize any licensed physician or medical center to treat my child.

I authorize Little Blue Schoolhouse to administer Tylenol or Ibuprofen to my child in the case of high temperature (which is Oral temp of 100.4 or arm pit temp of 99.4 or greater). I understand that it will be given exactly by the label directions according to the age of the child.

I authorize Little Blue Schoolhouse to transport my child to and from the center on field trips. I will be notified at least 48 hours in advance. I authorize Little Blue Schoolhouse to include my child in supervised water activities. I will be notified at least 48 hours in advance.

All child care staff are bound by state law to report any signs of child abuse to the proper authorities. All unusual bruises or injuries are documented as a child is brought into the center. I understand this is part of the minimum standards governing child care centers in the State of Texas.

By signing this document I am acknowledging and agreeing to the above authorizations. I will update information on Physicians and emergency contact and/or facilities as they change.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

IMMUNIZATION RECORD

Please bring your Child's immunization record to Little Blue Schoolhouse upon enrollment. It will be copied and returned to you. It must be signed by a health official. It will be evaluated by the Director.

School age Children

My child's immunization records are current and are on file at \_\_\_\_\_  
the school which my child attends.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Health Statement (To be completed by Physician)

Is this child physically and mentally able to participate in group activities? \_\_\_\_\_

Is this child free of infection and contagious diseases? \_\_\_\_\_

Date of examination \_\_\_\_\_ Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

HANDBOOK , DISCIPLINE AND GUIDANCE POLICY

By signing below you are acknowledging that you have received, read, understand and are willing to comply with the Little Blue Schoolhouse handbook. You are also acknowledging that you have been given a copy of the Discipline and Guidance Policy for Little Blue Schoolhouse and agree to this policy.

I have been given the Little Blue Schoolhouse handbook. I have read and understand the contents of it.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I have been given a copy of the discipline and guidance policy. I have read and understand the contents of it.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_