



# Kid Care Enrollment Agreement Form

Cottonwood Creek  
Kid Care Preschool  
Faith Roberts, Director  
FAX #214-983-1026

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

| Parent's Name | Address, City, State & Zip Code | Email/Phone Number |
|---------------|---------------------------------|--------------------|
|---------------|---------------------------------|--------------------|

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| 1. |
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| 2. |
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Child lives with  Both Parents  Mom  Dad  Guardian

|  |                         |
|--|-------------------------|
| Custody Documents on File:<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Office Use only:</b> |
|  | Date of Admission:      |
|  | Date of Withdrawal:     |

**Emergency Contacts:**  
In the event that either parent can't be contacted or cannot pick up their child, these persons can act on the parents' behalf and are authorized to pick up at Kid Care.  
**Please include at least 2 contacts that reside at a different address than the child & the other emergency contact.**

| Name and relationship | Address, City, State & Zip Code | Phone Number |
|-----------------------|---------------------------------|--------------|
|-----------------------|---------------------------------|--------------|

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| 1. |
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| 2. |
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| 3. |
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### MEDICAL TREATMENT AUTHORIZATION

I give Kid Care employees permission to obtain emergency medical treatment for my child. If the physician listed below cannot be reached, permission is granted for another licensed physician or the nearest medical facility to provide care. In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

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

Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Address & Phone \_\_\_\_\_

Medical Plan \_\_\_\_\_ Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Does your child have diagnosed food allergies?  Yes  No Food Allergy Emergency Plan Submitted Date: \_\_\_\_\_

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/child-care-centers/>. If you believe that such an operation may be practicing discrimination in violations of Title III, you may call the ADA Information Line at (800)514-0301 (voice) or (800)514-0383 (TTY).

Signature—Parent or Legal Guardian \_\_\_\_\_

Date Signed \_\_\_\_\_

### Requirements for Exclusion from Compliance

- I have attached a signed and dated affidavit stating that I decline immunizations for reason 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

### Additional Information Regarding Immunizations

For additional information regarding immunizations, visit the Texas Department of State Health Services website at [www.dshs.state.tx.us/immuniza/public.shtm](http://www.dshs.state.tx.us/immuniza/public.shtm).

### Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

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

- |   |  |
|---|--|
| <input type="checkbox"/> Environmental allergies  | <input type="checkbox"/> Limitation or restrictions                          |
| <input type="checkbox"/> Food intolerances        | <input type="checkbox"/> Reasonable accommodations or modifications          |
| <input type="checkbox"/> Existing illness         | <input type="checkbox"/> Adaptive equipment (include instructions below)     |
| <input type="checkbox"/> Previous serious illness | <input type="checkbox"/> Symptoms or indications of complications            |
| <input type="checkbox"/> Other _____              | <input type="checkbox"/> Medications prescribed for continuous long-term use |
|   | <input type="checkbox"/> Injuries & hospitalizations (past 12 months)        |

### PARENT POLICY ACKNOWLEDGEMENT:

The Kid Care Parent Policy book is located at [www.kidcarepreschool.com](http://www.kidcarepreschool.com). I acknowledge receipt of Kid Care's operational policies including those for discipline and guidance and I agree to adhere to those policies. I agree that tuition must be paid the month prior to attending (eg: September tuition is due by August 31) to avoid a 10% late fee. I agree to provide a minimum two-week notice to withdraw my child from the program. I agree that the information provided in this enrollment process is accurate to the best of my knowledge.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Center Designee: *Faith Roberts* Date: \_\_\_\_\_