

Registration Fee: \$75.00 per child_
Paid _____

Date Enrolled: _____

Young Children's World

425 Highland, Abilene, Texas 79605
325-677-1805

Days to Attend: Tuesday _____ Thursday _____
*** What year do you plan for your child to enter Kindergarten: _____ ***

Child(ren) to be enrolled:

Name: _____ M/F _____ DOB: _____

Name: _____ M/F _____ DOB: _____

Parent/Guardian 1: _____ Relation to Student: _____

Occupation: _____ Cell #: _____ Alt #: _____

Parent/Guardian 2: _____ Relation to Student: _____

Occupation: _____ Cell #: _____ Alt #: _____

Home Address: _____ City: _____ Zip: _____

E-mail address: _____ Church Affiliation: _____

ARRIVAL AND DEPARTURE OF CHILDREN:

The child(ren) will only be released from the facility to persons designated by the undersigned. Emergency contacts must be local and allowed to pick up child. You must list at least one emergency contact that is not listed above. You may also list alternate pick-up people who may or may not be emergency contacts. The undersigned hereby authorizes Young Children's World to release the enrolled child(ren) to the guardians listed above and the following person(s):

Name: _____ Contact #: _____

Also an emergency contact

Name: _____ Contact #: _____

Also an emergency contact

Name: _____ Contact #: _____

Also an emergency contact

Name: _____ Contact #: _____

Also an emergency contact

CONSENT TO MEDICAL TREATMENT AND MEDICAL INFORMATION:

The undersigned hereby gives permission for the child(ren) named above to participate in the activities of Young Children's World. These recreational activities include, but are not limited to daily outside/inside play, water day, zoo animals visit, riding of HSU horses, bike day, and May Farm animals visit. Further, in the event that medical treatment for the child(ren) is required during the course of said activities, I hereby give my authorization to any adult who then has care and control of the child(ren) to transport and

consent to medical treatment of the child(ren). I understand that an effort will be made to contact me concerning such medical treatment as soon as possible and that I will be financially responsible for any and all medical treatment provided pursuant to this consent. I hereby affirm that I am the parent and/or managing conservator or guardian of the child(ren) named above and have full legal authority to consent to his or her medical treatment. I hereby authorize any health care provider to accept a photocopy of this form as effective.

1. AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION: In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Hospital (you must check one choice): ARMC 6250 H 83/84 Hendricks 1900 Pine

Child's Physician/Pediatrician	Address	Phone
--------------------------------	---------	-------

List any special problems that your child may have, such as allergies, existing illness, previous serious illness/injuries, disabilities or hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which staff should be aware. (If none, write none)

2. HEALTH STATEMENT: I acknowledge that each child listed previously has been examined within the last six months by a licensed physician and is able to physically participate in the Young Children's World program. Further, that each child listed previously has had all vaccinations and inoculations appropriated for his or her age and will continue to receive inoculations and vaccinations as recommended by the child's physician and as required by the Texas Department of Health. A record of immunizations is due before your child attends school.

Examining physician's name (if different than above)	Address	Phone
--	---------	-------

3. WATER ACTIVITIES: I give my consent for my child to participate in water activities including, but not limited to: splash pools and sprinklers. Yes No (initial choice)

4. CONFIDENTIALITY STATEMENT: We may distribute rosters at the school, which will include the child's name, parents' names, address and phone number. Photos are used in the classroom, class portfolios, YCW facebook page, displayed at the school and church in bulletins and on bulletin boards. I give my consent to release these photos and information for the purposes stated above. Yes No (initial choice)

5. FOOD STATEMENT: I understand that I am responsible for supplying my child's lunch. I also understand that Young Children's World MDO/Preschool is not responsible for the meal's nutritional value or for meeting the child's daily food needs. _____(initial)

6. PARENT HANDBOOK: I understand that I am responsible for the information in the parent handbook, which explains the center's policies and procedures, accessible at www.youngchildrensworld.blogspot.com and YCW Director's office _____(initial)

7. REGISTRATION PAYMENT: I acknowledge a non-refundable registration payment in the amount of \$75 per child is required to secure a spot for my child. _____(initial)

8. TUITION PAYMENT: I understand that monthly tuition is due by the 10th of each month. There will be a \$15 late fee for late payments. _____(initial)

9. LATE PICK UP FEE: I understand school is over at 2:30. I understand that there will be a charge of \$1/minute after 2:35. Young Children's World will attempt to contact both guardians and each person on the contact list until the child is picked up or contact has been made. _____(initial)

I have read and agree to statements and authorizations 1-9 above:

Parent/Guardian's signature: _____ Date _____