



YPW SPANISH IMMERSION PRESCHOOL ENROLLMENT FORM

Child's Name		Date of Birth	Child's Home Telephone No.
Child's Home Address			
Date of Admission	Date of Withdrawal	Class Placement	
Parent's or Guardian's Name		Address (if different from child's address)	
Family's Email Address			
List telephone numbers where parents/guardian may be reached while child is in school:	Mother's Telephone No.	Father's Telephone No.	Guardian's Telephone No.
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize YPW Spanish Immersion Preschool to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID. <i>Your child will not be released to persons other than those listed below, or unless YOUR written permission is given</i>			
Name / Relationship	Home Address	Home Phone/ Business Phone	
Name / Relationship	Home Address	Home Phone/ Business Phone	
Name / Relationship	Home Address	Home Phone/ Business Phone	

CHECK ALL THAT APPLY:

1. **TRANSPORTATION:** I hereby give do not give – consent for my child to ride a bus
 I hereby give do not give – consent for my child to be transported and supervised by the operation's employees;
 on field trips for emergency care to and from school

2. **FIELD TRIPS:** I hereby give do not give – my consent for my child to participate in Field Trips:
Parent's Comments:

3. **WATER ACTIVITIES:** I hereby give do not give – my consent for my child to participate in Water Activities:
 sprinkler play splashing/wading pools swimming pools water table play

4. **RECEIPT OF WRITTEN OPERATIONAL POLICIES:**
 I acknowledge receipt of the facility's operational policies including those for discipline and guidance.
 Signature _____ Date _____

EMERGENCY INFORMATION

In case of illness or injury, please first contact:
 _____ Mother _____ Father _____ Other (please specify _____)

Other persons to contact in the event of an emergency or illness:

_____ Name (relationship to child)	_____ Address	_____ Phone
_____ Name (relationship to child)	_____ Address	_____ Phone
_____ Name (relationship to child)	_____ Address	_____ Phone
_____ Name (relationship to child)	_____ Address	_____ Phone



AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

"In the event I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I hereby authorize an employee of YPW Spanish Immersion Preschool to take my child to the following physician or hospital or clinic, and I give my consent for necessary emergency care when my child is in the care of this physician and/or hospital/clinic."

Name of Physician:	Address:	Ph.#:
Hospital or Clinic	Address:	Ph.#:
Date		Signature - Parent or Legal Guardian

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and 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:

To better accommodate any special needs of your child, we will require a written authorization for need and care from the parent or guardian and/or the child's physician. The parent or guardian is responsible for providing any equipment and/or training that staff personnel may require in relation to special needs and care of that child. In some instances, which will be determined on a case by case basis, a personal meeting with the child's physician and parent or guardian may be required.

RELEASE AND LIABILITY STATEMENT FOR ON-PREMISES ACTIVITIES AND OFF-PREMISES FIELD TRIPS

Young Peoples Workshops and YPW Spanish Immersion Preschool, their agents and employees shall not be liable or responsible for and shall be held harmless by the undersigned from and against any and all claims and damages of every kind for injury or death of any person or persons and for damage to or loss of property arising out of or attributed directly or indirectly to the operations of the school or the performance of the school or its owner or employees in carrying out its school functions

- 1) Transportation to and from the school premises and while off premises for any school related activity.
A specified field trip permission form will be signed by parents for each field trip prior to any child leaving the school
- 2) Any other activity for which permission for the child's participation has been approved by a parent or guardian

Signature _____ Date _____

CERTIFICATION OF HEALTH AND IMMUNIZATION RECORD

As stated in the Minimum Standard for Child Care Centers for the State of Texas, documentation on file at YPW Spanish Immersion Preschool may be the original immunization record or photocopy of the record. An official immunization record generated from a state or local health authority, such as a registry, or a record from school officials including a record from another state is also acceptable.

Your child's immunization record must be current and include:

- 1. Child's name and birth date
- 2. The number of doses and vaccine type
- 3. The month, day and year the child received each vaccination, and
- 4. The signature or stamp of the physician or other health care professional who administered the vaccine.

Parent/Guardian Signature _____ Date _____



Spanish Immersion Preschool

Spanish@YoungPeoplesWorkshops.com

www.SpanishImmersionPrek.com

www.YPWKids.com

You must submit the following within one week of enrollment:

Doctor's statement: I have examined the above-named child within the past year and find that he/she is physically able to take part in the YPW Spanish Immersion program.

Physician's Signature

Date

Physician's Address and Phone Number

For 4yr olds and older: A copy of Vision & Hearing Screening records

Parent/Guardian Signature

Date
