



# 2011-2012 ENROLLMENT APPLICATION

Allen  Frisco  Richardson  Southlake

|                           |       |
|---------------------------|-------|
| <i>For Carpe Diem Use</i> |       |
| Start Date:               | _____ |
| Classroom #:              | _____ |
| Login:                    | _____ |
| Password:                 | _____ |

PLEASE PRINT CLEARLY IN INK. SIGN AND DATE THIS FORM, AND SUBMIT IT WITH THE APPROPRIATE FEE(S). IT IS EXTREMELY IMPORTANT FOR YOU TO KEEP ALL YOUR CHILD'S ENROLLMENT INFORMATION UP-TO-DATE.

## Child's Information

Child's Legal Name: \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_ Date of Birth: \_\_\_\_\_  
LAST FIRST MIDDLE

Child's Preferred Name: \_\_\_\_\_ Preferred Date for Attendance to Begin: \_\_\_\_\_

Program:  M - F (Full Days)  M - F (Half Days)  M, W, F  T, TH  After-School  Summer Camp

After-School Program: Child's Grade: \_\_\_\_\_ School: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone: (\_\_\_\_) \_\_\_\_\_

## Contact Information

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Other Phone (please specify): (\_\_\_\_) \_\_\_\_\_

Parent 1: Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Parent 2: Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

## Parent Information

Dr.  Mr.  Mrs.  Ms.

Dr.  Mr.  Mrs.  Ms.

Name of Parent 1 \_\_\_\_\_ Name of Parent 2 \_\_\_\_\_

Preferred Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Home Address  Same as child Home Address  Same as child

Other Address \_\_\_\_\_ Other Address \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Stepparent Name \_\_\_\_\_ Stepparent Name \_\_\_\_\_

Check if appropriate:  Parents separated  Parents divorced  Father deceased  Mother deceased

If divorced, who has legal custody? \_\_\_\_\_ With whom does the child live? \_\_\_\_\_

Who is legally responsible for payment of the monthly tuition? \_\_\_\_\_

E-mail address for your monthly statement and other correspondence: \_\_\_\_\_

**In an emergency situation when the child's parent(s) cannot be reached, the following people, who must be at least 16 years-old, will be contacted. You must list at least two people. GIVE LOCAL NUMBERS ONLY. The following people are also permanently authorized to pick-up your child in non-emergency situations. (There is a separate form for temporary authorization.)**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

1. In the event of a medical emergency when neither the child's parent(s), legal guardian(s), nor any designated emergency contacts can be reached, I give permission for a representative of Carpe Diem Private Preschool to obtain whatever emergency medical care is deemed necessary for my child. I understand I will be financially responsible for any and all charges related to such medical emergency.
2. I do \_\_\_\_ do not \_\_\_\_ give permission for my child (4 years +) to be transported in a Carpe Diem vehicle for special activities, field trips (including swimming for the Summer Camp Program) and/or to be picked up for after-school care, if applicable.
3. I do \_\_\_\_ do not \_\_\_\_ give permission for my child to participate in splashing, wading, and/or sprinkler activities at Carpe Diem.
4. I do \_\_\_\_ do not \_\_\_\_ give permission for Carpe Diem to publish my home address, phone number, and e-mail address in the Carpe Diem Private Preschool Directory.
5. I do \_\_\_\_ do not \_\_\_\_ give permission for my child to be photographed for educational or publicity purposes representative of the enriching experiences offered at Carpe Diem.
6. I have read the Carpe Diem Private Preschool Parent Handbook and its contents have been discussed with me. I agree to abide by all the policies and procedures described therein.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Carpe Diem Administrator: \_\_\_\_\_ Date: \_\_\_\_\_