



<b>For Carpe Diem Use</b>	
Start Date:	_____
Classroom #:	_____
Login:	_____
Password:	_____
Fingerprint #:	_____

# 2018-2019 ENROLLMENT APPLICATION

Allen  Frisco  Richardson  Southlake  Cedar Park

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

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

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

My child's immunization record is current and is on file at \_\_\_\_\_ Elementary school.

My child's immunization record is current and is on file at this school.

## Contact Information

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

## Parent Information

Dr.  Mr.  Mrs.  Ms.

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

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

Cell Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Home Address  Same as child

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

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

Cell phone (\_\_\_\_) \_\_\_\_\_

Check:  Parents married  Parents separated  Parents divorced  Father deceased  Mother deceased

If divorced, who has legal custody? \_\_\_\_\_

Dr.  Mr.  Mrs.  Ms.

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

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

Cell Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Home Address  Same as child

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

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

Cell phone (\_\_\_\_) \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

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

**Child's Name:** \_\_\_\_\_

**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. The following people are also permanently authorized to pick-up your child in non-emergency situations. (Carpe Diem employees CAN NOT be listed as an authorized pick-up person.)**

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:** \_\_\_\_\_

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 e-mail address in the Student Directory.
5. I have read the Carpe Diem Private Preschool Parent Handbook (available on our website) and its contents have been discussed with me. I agree to abide by all the policies and procedures described therein. Additionally, I do  do not  give permission for Carpe Diem to use my child's photo for in house promotional purposes

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

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