



The Mustard Seed Early Learning Center
 11555 Galm Rd. Ste 200 • San Antonio, TX 78254
 (210) 688-7003 Fax (210) 688-7013

<input type="checkbox"/> Full Time	
<input type="checkbox"/> 2 Days per week	M, T, W, Th, F
<input type="checkbox"/> 3 Days per week	M, T, W, Th, F
<input type="checkbox"/> Parent's Day Out	T, W, Th
<input type="checkbox"/> After School Care	
_____ Expected Start Date	

ENROLLMENT INFORMATION

All sections must be filled out completely prior to enrollment

Child's Name		Date of Birth		Child's Home Telephone Number	
Child's Home Address		City		State	Zip Code
Mother's Email		Father's Email			
Date of Admission	Date of Withdrawal	Hours child will be in care	Days child will be in care (Circle) M T W TH F		
Mother's Name		Address if different from Child's			
Mother's Home Phone	Mother's Work Phone	Mother's Mobile Phone	Mother's Driver's License Number		
Father's Name		Address if different from child's			
Father's Home Phone	Father's Work Phone	Father's Mobile Phone	Father's Driver's License Number		
Person to call in case of an emergency if parents /guardian cannot be reached. This person is also authorized to pick up the above named child after ID verified.	Name		Address		Telephone Number
	Relationship		City	State	Zip Code

I hereby authorize the childcare operation to allow my child to leave The Mustard Seed Early Learning Center ONLY with the following persons. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

_____ Initial here if parents are the only authorized pick up besides the emergency contact listed above.

Name	Telephone Number	Relationship
Name	Telephone Number	Relationship
Name	Telephone Number	Relationship

My child has permission to be released to the care of his/her sibling(s) under 18 years old. Name of Sibling(s):

My Child attends the following public school	Address	Phone
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_____ My child's immunization records are on file at the school and all required immunizations are current. Vision and hearing screening records are also on file.

Authorization For Emergency Medical Attention

In the event I cannot be reached to make arrangements for medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Phone Number
Name of Emergency Medical Care Facility	Address	Phone Number
I give consent for the facility to secure any and all necessary emergency medical care for my child.	Signature of Parent/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:

_____ Initial here if none known at this time.

Transportation: I hereby give do not give - my consent for my child to be transported and supervised by the operations employees on field trips
 Check box for emergency care

Water Activities: give do not give - consent for my child to participate in the following water activities:
 Sprinkler play Splashing/Wading Pools water table play Swimming

I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

Parent Signature _____ **Date** _____