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

___ Full Time
___ 2 Days per week M, T, W, Th, F
___ 3 Days per week M, T, W, Th, F
___ Parent's Day Out T, W, Th
___After School Care
_____ Expected Start Date

ENROLLMENT INFORMATION

All sections must be filled out completely prior to enrollment

General Information

Child's Name		Date of Birth	Child's lives with: ___ Both parents ___Mom ___Dad ___Guardian
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 Mobile Phone	Mother's Work Phone	Mother's Home Phone	Mother's Driver's License Number
Father's Name		Address if different from child's	
Father's Mobile Phone	Father's Work Phone	Father's Home 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 / Relationship	Address / City	Telephone Number / 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):

School Age Children

My Child attends the following public school

___ Fields Elementary 210.398.2150 ___ Franklin Elementary 210.398.1700 ___ Krueger Elementary 210.397.3850 ___ Scarborough Elementary 210.397.8000 ___ Tomlinson Elementary 210.398.2650

___Other: Name _____ Phone Number _____

___ 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 arrange 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	Date Signed

Meals

___ Initial here: I understand that the following meals will be served to my child while in care. No outside food or drinks are allowed in the school for students eating that are not infants.

Breakfast (Served 7:30am -8:15am)	Lunch (Served at 11am)	Snack (Served at 2:30pm)

I would like for my child to drink an alternate milk for an additional fee of $15/month (check the milk alternate you prefer)

___ Lactose Free Milk ___ Almond Milk ___ Soy Milk ___ Other: _____

My child eats an alternate diet. Check the foods that your child does not eat:

___ Beef ___ Chicken/Turkey ____ Dairy ___ Eggs ___ Pork ____ Other: _____

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Child's Special Care Needs (check all that apply)

Childcare operations are public accommodations under the Americans with Disabilities Acct (ADA), Title III. To learn more, visit https://www.ada.gov/resources/child-care-centers/. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA information Line at (800) 514-0301 (voice) OR (800) 514-0383 (TTY)

_____ Initial here if none known at this time.

___ Environmental allergies	___Food intolerances	___Existing illness
___ Previous serious illness	___ Injuries and hospitalizations (past 12 months)	___ Limitations or restrictions on child's activities
___ Reasonable accommodations or modifications	___ Adaptive equipment (include instructions below)	___Symptoms or indications of complications
___ Medications prescribed for continuous long -term use	___ Other	

Does your child have diagnosed food allergies? ____ Yes ___No Food Allergy Emergency Plan Submitted Date:

Explain Any needs selected above:

Signature of Parent/Legal Guardian	Date Signed

Consent Information

Transportation: I give consent for my child to be transported and supervised by the operation's employees (check al that apply)

___ for emergency care ___ on field trips ___from public school

Field Trips: (School Age Students Only)

___ I give consent for my Child to participate in field trips. ___I do not give consent for my child to participate in field trips.

Water Activities: I give consent for my child to participate in the following water activities (check all that apply)

___ Sprinkler play ___ Splashing/Wading Pools ___ Water table play ____Swimming (school age only) ___ Aquatic playgrounds (school age only)

School Age Children: Is your child able to swim without assistance:

___ Yes ___ No

If no, what type of assistance is needed? _____

Receipt of Written Operational Policies: (See Parent Handbook at www.mustardseedelc.com)

___ Initial here: I acknowledge receipt of the facility's operational policies, including those for:

Discipline and guidance	Suspension and expulsion	Emergency Plan
Procedures for conducting health checks	Safe sleep	Procedures for parents to discuss concerns with the director
Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions	Procedures for parents to participate in 9operation activities	Procedures for the release of children
Illness and exclusion criteria	Procedures for dispensing medications	Immunization requirements for children
Meals and food service practices	Procedures to visit the center without securing prior approval	Procedures of supporting inclusive services
Procedures for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline and CCL website.		

Gang Fee Zone

Under the Texas Penal Code, any area within 1,000 feet of a childcare center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Signatures

Child's Name _____

Child's Parent or Legal Guardian _____ Date Signed _____

Center Designee _____ Date Signed _____