



Student Enrollment Form

Child's Full Name _____
Child's Date of Birth ____/____/____ Boy ____ Girl ____
Child's Home Address _____
City _____ Zip _____ Home # _____
Mother's Name _____ Cell # _____
Mother's Email _____
Father's Name _____ Cell # _____
Father's Email _____

if address is different from child's, please provide any custody arrangement documents

Initial all that apply:

- ____ I understand that my child will be served a treat on holidays or special events.
____ I will provide my child with a snack and lunch every day.
____ I give consent for my child to participate in water table activities.
____ My child may be photographed for classroom project use and classroom communication.
____ I have read & agree to follow all operational policies outlined in the Parent Handbook.
____ I have been informed of my parental rights at CCP.
____ Parent's contact information may be shared with other families in the class.
____ ***4/5 year olds only*** I give consent for CCP to provide hearing/vision screenings for my child as required by the Texas Health & Human Services.

Does your child have diagnosed food allergies? ____No ____Yes (If yes, a Food Allergy Plan form signed by your doctor needs to be submitted.)+ Please list allergies: _____

Does your child have any special care needs a caregiver should be aware of? ____No ____Yes
This may include but is not limited to: environmental allergies, injuries or hospitalizations (in past 12 months), previous serious illness, limitations or restrictions on activities, food intolerances, adaptive equipment (provide instructions below), existing illness, medications prescribed for continuous long term use, needing accommodations or modifications for special needs, symptoms or indications of potential complications related to a physical, cognitive, or mental condition that may warrant prevention or intervention while the child is in care. **Please provide additional information below.**

*A non-refundable registration fee of \$175.00 is due at the time of enrollment.

*If you must withdraw from CCP, please provide a 30-day written notice. You are responsible for tuition through the end of the 30-day period.

I agree to the fees stated above

Parent Signature _____ **Date** _____

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Release Information/Pick-Up List (other than parent/guardian)

I hereby authorize Canyon Creek Preschool to release my child to leave the facility ONLY with the following people:

Name _____

Relationship to child: _____ Contact # _____

Name _____

Relationship to child: _____ Contact # _____

If choosing to not designate anyone, please sign here: _____

Emergency Contact Information (other than parent/guardian)

Please provide the name, relationship, address & contact number of the person (friend/relative) to contact if parent/guardian cannot be reached in an emergency (must be fully completed).

Name _____ Relationship _____ Contact # _____

Address _____ City _____ State _____ Zip _____

Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the director or person in charge to take my child to the following emergency facility (initial one facility of your choice):

___ Dell Children's Medical Center	(512)324-0000	4900 Mueller Blvd. Austin 78723
___ Dell Children's Medical Center North	(737)707-6000	9010 N. Lake Creek Pkwy. Austin 78717
___ Seton Northwest Hospital	(512)324-6000	11113 Research Blvd. Austin 78759
___ Cedar Park Medical Center	(512)528-7000	1401 Medical Pkwy. Cedar Park 78613

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent Signature _____ **Date** _____