CREATION STATION – DALLAS BIBLE CHURCH
ENROLLMENT FORM 2020-2021

Class Preference:	**Enrollment Fee***	**Supply Fee** due 8/1	**Tuition** due by 1st of each month
□ Mother's Day Out – Monday (9:00am-2:00pm)	$150.00	$60.00	$150.00
□ Mother's Day Out – Wednesday (9:00am-2:00pm)	$150.00	$60.00	$150.00
□ *Mother's Day Out – waitlist for additional day*		$120.00	$300.00
□ Early Learning Center, (ELC) M, W, F (9:00am-2:00pm)	$150.00	$150.00	$350.00

*Maximum Family Enrollment Fee is $300

Child's Name: ____ Birthday: ____/____/______ Gender: M or F

Home Address: ____ City: _________________ Zip: _________________

Mother's Name: ___________________________ Home Phone: ____________________ Cell: __________________

Address (if different from above): ____

Father's Name: ___________________________ Home Phone: ____________________ Cell: __________________

Address (if different from above): ____

Child Lives With: □ Both Parents □ Mom □ Dad □ Guardian

Main Email Address: ____

Church Home: __________________________________ Elementary School to Attend: ________________________

Name & Ages of Siblings: ____________________________________ ______________________________________

____________________________________ ______________________________________

EMERGENCY CONTACT

Person to Contact in Case of Emergency Other Than Parent: ____

Relationship to Child: _____________________________ Phone Number: _________________________________

CHILD RELEASE TO OTHERS

I authorize that my child, ____________________________, be released by Dallas Bible Church Mother's Day Out to the following person(s) ONLY as per my written instructions on the day of release and, in addition to those already listed on the front of this form, as parents/guardians.

Name: ______________________________________ Relationship to child: ______________________________

Address: ____

Driver's License #: ______________________ Work Phone: _________________ Cell Phone: ________________

Name: ______________________________________ Relationship to child: ______________________________

Address: ____

Driver's License #: ______________________ Work Phone: _________________ Cell Phone: ________________

Office Use Only:
Enrollment Fee: ________________ Medical Release Form: __________ Shot Record:__________ Handbook Form:__________

Blue

CREATION STATION – DALLAS BIBLE CHURCH

MEDICAL EMERGENCY FORM

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

Name of Physician: ___________________________________ Phone Number: _________________________

Address: ____

Name of Emergency 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 or Legal Guardian

Does your child have any diagnosed food allergies? □ Yes □ No

If yes, please list allergy and how to handle treatment if exposed:

____

____

List any special needs that your child may have, such as environmental allergies, food intolerances, 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 that care givers should be aware of:

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CREATION STATION – DALLAS BIBLE CHURCH
TEACHER INFORMATION SHEET – 2020-2021

Child's Name: ______________________________________ Nickname: _________________________________

Child's Birthday: ________________ Gender: M or F Home Phone: ___________________________

Home Address: ______________________________________ City: _________________ Zip: _______________

Mother's Name: ____________________________ Job: ___________________ Wk. Phone: _______________

Father's Name: _____________________________ Job: ___________________ Wk. Phone: _______________

Main Email Address: ____

Child Lives With: ☐ Both Parents ☐ Mother ☐ Father ☐ Other

Marital Status of Parents: ☐ Single ☐ Married ☐ Divorced ☐ Separated

If not living with both parents, how often does the child see the other parent? How long ago did the separation/divorce occur? ____

Names & Ages of Siblings: _________________________________ _________________________________

_________________________________ _________________________________

Other Significant People in the Child's Life: ____

____

GENERAL

Please give a general description of what your child is like:

Has your child participated in previous daycares, Mother's Day Out or Preschool programs? Please list:

Is your child potty trained? If yes, how long? If no, describe the stage of potty training your child is currently in.

Does your child nap? ______________ If yes, what hours during the day? ________________________________

What is the primary language spoken at home? ____

If your child speaks, is it clear and understandable? _______ Does your child have hearing problems? ________

Does your child understand what is said to him/her? ____

INTERESTS/LIKES AND DISLIKES

What are your child's likes? What makes your child happy?

What are your child's dislikes? What are their fears?

How does your child interact with other children? Do they prefer to play alone?

How does your child show anger? What things make them angry?

Explain your discipline policy at home and how your child responds to discipline?

Are there any specific things you would like us to be working on with your child?

Please share any other information that would be helpful for us to know about your child while they are in our care?

CREATION STATION – DALLAS BIBLE CHURCH
SHOT RECORD, VISION & HEARING CHECK

Please have a physician fill out this form or attach a copy with signature or stamp included.

VACCINE INFORMATION

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (1st dose)	
	1-2 months (2nd dose)	
	6-18 months (3rd dose)	
Rotavirus	2 months (1st dose)	
	4 months (2nd dose)	
	6 months (3rd dose)	
Diphtheria, Tetanus, Pertussis	2 months (1st dose)	
	4 months (2nd dose)	
	6 months (3rd dose)	
	15-18 months (4th dose)	
	4-6 years (5th dose)	
Haemophilus Influenza Type B	2 months (1st dose)	
	4 months (2nd dose)	
	6 months (3rd dose)	
	12-15 months (4th dose)	
Pneumococcal	2 months (1st dose)	
	4 months (2nd dose)	
	6 months (3rd dose)	
	12-15 months (4th dose)	
Inactivated Poliovirus	2 months (1st dose)	
	4 months (2nd dose)	
	6-18 months (3rd dose)	
	4-6 years (4th dose)	
Measles, Mumps, Rubella	12-15 months (1st dose)	
	4-6 years (2nd dose)	
Varicella (Chickenpox)	12-15 months (1st dose)	
	4-6 years (2nd dose)	
Hepatitis A	12-23 months (1st dose)	
	The 2nd dose must be given 6 to 18 months after the 1st dose.	
Influenza	Yearly starting at 6 months. Two doses given at least 4 weeks apart are recommended for children who are getting the vaccine for the 1st time and for some other children in this age group.	

PHYSICIAN OR PUBLIC HEALTH PERSONNEL VERIFICATION

Signature or stamp of physician or public health personnel verifying immunization information above:

______________________________ Physician Signature

______________________________ Date Signed

More on Back →

Orange

VISION EXAM RESULTS

Right Eye 20/	Left Eye 20/

☐ Pass

☐ Fail

____ _________________________

Physician Signature Date Signed

HEARING EXAM RESULTS

Ear	1000 Hz	2000 Hz	4000 Hz	Result
Right				☐ Pass ☐ Fail
Left				☐ Pass ☐ Fail

____ _________________________

Physician Signature Date Signed

REQUIREMENTS FOR EXCLUSION

I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.

____ _________________________

Signature Date Signed

* For additional information regarding immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.