



ENROLLMENT FORM 2021 - 2022

Dallas Bible Church
Early Learning Center

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: _____

CLASS CHOICES

Children are placed in classrooms by their age as of **September 1st**

- 1-day classes are a choice of Monday or Wednesday
- 2-day classes are only Monday and Wednesday
- 3-day classes are Monday, Wednesday, and Friday

Please circle the class and day (if applicable) to your child's age as of **September 1st**

Classes	Ages	Days	Tuition Due by the 10 th of the Month	Supply Fee Due by September 1 st
Ladybugs	Babies – 6m – 12m	1 day MON. or WED	\$150	\$75
		2 days	\$300	\$125
Butterflies	Toddlers 13m – 23m	1 day MON. or WED	\$150	\$75
Starfish	Toddlers 13m – 23m	2 days	\$300	\$125
Bumblebees	2-year-old	2 days	\$300	\$125
Froggies	2-year-old	3 days	\$375	\$150
Blue Jays	3-year-old	2 days	\$300	\$125
Sharks	3-year-old	3 days	\$375	\$150
Crocodiles & Lions	4-year-old	3 days	\$375	\$150
Owls	Kindergarten 5-year-old	3 days	\$425	\$150

*Enrollment Fee - Current families - \$125 (Max out \$250 a family) if turned in by February 17th
- New families - \$150 (Max out \$300 a family) due upon registration

EMERGENCY CONTACT & RELEASE TO OTHERS

Person to Contact in Case of Emergency Other Than the Parent: _____

Relationship to Child: _____ Phone Number: _____

Address: _____ Driver's License #: _____

CHILD RELEASE TO OTHERS (optional)

Name: _____ Relationship to child: _____

Address: _____

Driver's License #: _____ Work Phone: _____ Cell Phone: _____

Name: _____ Relationship to child: _____

Address: _____

Driver's License #: _____ Work Phone: _____ Cell Phone: _____

MEDICAL EMERGENCY INFORMATION

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 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

PHYSICIAN RELEASE STATEMENT

(PLEASE HAVE PHYSICIAN SIGN AND DATE BELOW)

I have examined, _____, within the past year and find that he or she is able to take part in a day care program.

Signature of Physician

ALLERGIES

(PLEASE INCLUDE A PHYSICIAN SIGNED ALLERGY FORM IF YOUR CHILD HAS AN EPI-PEN)

Does your child have any 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:

