

Firehouse Kids Christian Childcare Center

3325 Ovilla Rd.
Ovilla, TX 75154

P: 972-515-8300 F: 972-515-8305

Child Information:

Last Name: _____ First Name: _____ M.I.: _____ Sex: M F
Date of Birth: _____ Child lives primarily with: Father Mother
(MM/DD/YYYY) Both Other _____
Last childcare center attended: _____ How did you hear about us?
Hours and Days your child will need care: _____
M: _____ T: _____ W: _____ Th: _____ F: _____
Date of Enrollment: _____

Parent # 1 Info:

Married Divorced Separated Widowed Custody Arrangements Y N
 N/a
Permission to pick up? Y N Contact in case of emergency Y N
Last Name: _____ First Name: _____
Name of Employer: _____ Work Number: _____
Home Address: _____ City: _____
State: _____ Zip: _____ Home Phone: _____
Cell Phone: _____ Email: _____
May we "text" you with event reminders? Y N
Driver's License Number: _____

Parent # 2 Info:

Married Divorced Separated Widowed Custody Arrangements Y N
 N/a
Permission to pick up? Y N Contact in case of emergency Y N
Last Name: _____ First Name: _____
Name of Employer: _____ Work Number: _____
Home Address: _____ City: _____
State: _____ Zip: _____ Home Phone: _____
Cell Phone: _____ Email: _____
May we "text" you with event reminders? Y N
Driver's License Number: _____

Other Household Members:

Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____

School Age Children Only:

School Attending: _____ Phone Number: _____

Address of School: _____

Transportation: () To School () From School () Both

My child's immunization record/ T.B. test and hearing/ vision screening are current and on file at the school listed above.

Parent Signature: _____ Date: _____

Emergency Contacts: (Additional people will be also authorized to pick up your child and be contacted in case of emergency and parents cannot be reached.)

Contact Person #1: (Must be 18 yrs or older)

Last Name: _____ First Name: _____

Home Address: _____

Home #: _____ Cell #: _____ Work #: _____

Drivers License Number: _____

Contact Person #2: (Must be 18 yrs or older)

Last Name: _____ First Name: _____

Home Address: _____

Home #: _____ Cell #: _____ Work #: _____

Drivers License Number: _____

Contact Person #3: (Must be 18 yrs or older)

Last Name: _____ First Name: _____

Home Address: _____

Home #: _____ Cell #: _____ Work #: _____

Drivers License Number: _____

Emergency Info:

Childs Physician: _____ Phone Number: _____

Address: _____

Preferred Hospital: _____ Phone Number: _____

Address: _____

Parents Statement: My child has been examined within the past year by the above physician and is able to participate in the day care program.

Parents Signature: _____ Date: _____

I hereby authorize Firehouse Kids to take my child to the above named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached.

Parents Signature: _____ Date: _____

I hereby authorize any licensed physician or medical treatment center to treat my child in case of emergency in which the above name physician cannot be reached.

Parents Signature: _____ Date: _____

I hereby authorize Firehouse Kids to administer First Aid, CPR and or obtain emergency medical care and to transport my child for emergency medical treatment. I understand reasonable efforts will be made to reach my spouse or me before transporting unless a critical situation exists.

Parents Signature: _____ Date: _____

I hereby authorize Firehouse Kids to administer over the counter medications (Such as Tylenol) if needed and if I cannot be reached.

Parents Signature: _____ Date: _____

I hereby authorize Firehouse Kids to administer medication if I call and give them permission over the phone.

Parents Signature: _____ Date: _____

Insurance Information: _____ Policy Number: _____

Regular Medications: 1. _____ 2. _____

Medications allergic to: 1. _____ 2. _____

Food Allergies: 1. _____ 2. _____ 3. _____

Other Allergies: 1. _____ 2. _____ 3. _____ 4. _____

Special Health Conditions/ Concerns: _____

Special Needs Acknowledgment:

() To my knowledge, my child has no special medical, physical, nutritional or behavioral needs that I should make Firehouse Kids aware of so that his/her child care experience will be the most beneficial for him/her and my family.

Parents Signature: _____ Date: _____

() My child has the following special needs that Firehouse Kids should be aware of so that his/her child care experience will be most beneficial to him/her and my family.

Description of Special Needs:

Parents Signature: _____ Date: _____

Transportation:

I hereby authorize Firehouse Kids to transport my child to and from school, on educational excursions, center sponsored activities, and for any emergency evacuation. I understand I will be notified 48 hours in advance of all field trips.

Parents Signature: _____ Date: _____

We do not provide transportation home and do not allow children to walk home without a parent present.

Parents Signature: _____ Date: _____

Water Activities:

I hereby authorize Firehouse Kids to include my child in supervised water activities, including splash days and public swimming pools. I understand I will be notified in advance of water activities.

Parents Signature: _____ Date: _____

My child can **ONLY** participate in Splash days at the Center.

Parents Signature: _____ Date: _____

My child can **NOT** participate in any water activities.

Parents Signature: _____ Date: _____

Photographs:

I hereby authorize Firehouse Kids to photograph my child for internal postings.

Parents Signature: _____ Date: _____

I hereby authorize for Firehouse Kids to have my child photographed by an outside company for purposes of retail sale to my spouse or me alone.

Parents Signature: _____ Date: _____

I hereby authorize Firehouse Kids to use my child's photograph in promotional materials such as handbooks, brochures, website, etc.

Parents Signature: _____ Date: _____

Protective/ Medicinal Materials:

I hereby authorize Firehouse Kids to apply the following selected protective or medicinal materials:

Please initial.

_____ Sunscreen as needed

_____ Insect repellent

_____ Diapering Powder

_____ Diapering Ointment

_____ Lotion

All Materials must be supplied by parent.

Parents Signature: _____ Date: _____

Parent updates:

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____