

HARVEST CHILD DEVELOPMENT CENTER ENROLLMENT FORM

CHILD'S NAME _____

BIRTH DATE _____ SEX – M F

SIBLINGS IN CENTER – YES OR NO

HOURS CHILD WILL BE AT HCDC _____

OFFICE USE ONLY	
START DATE _____	RE _____
FT PS/CC - INF W.INF T2 T3 PREK4 PREK5	
PT PS - M/W T/TH F - T2 T3 PREK4 PREK5	
SA – SCHOOL _____	GRADE _____
BK B/AK BS AS B/AS H.ONLY	
SDC – FULL-TIME or DROP-IN	
EXTENDED CARE – YES	
_____ Roll	_____ Complete _____ Finance

MOTHER'S NAME _____ MARITAL STATUS _____
 DRIVER'S LICENSE # _____ CELL PHONE _____
 ADDRESS _____ CITY/ZIP _____ HOME PHONE _____
 EMPLOYER _____ POSITION _____ BUSINESS PHONE _____
 HOME EMAIL ADDRESS _____ WORK EMAIL ADDRESS _____
 CHURCH NAME _____ DO YOU ATTEND SUNDAY SCHOOL/BIBLE STUDY – YES NO

FATHER'S NAME _____ MARITAL STATUS _____
 DRIVER'S LICENSE # _____ CELL PHONE _____
 ADDRESS _____ CITY/ZIP _____ HOME PHONE _____
 EMPLOYER _____ POSITION _____ BUSINESS PHONE _____
 HOME EMAIL ADDRESS _____ WORK EMAIL ADDRESS _____
 CHURCH NAME _____ DO YOU ATTEND SUNDAY SCHOOL/BIBLE STUDY – YES NO

GUARDIAN'S NAME _____ MARITAL STATUS _____
 DRIVER'S LICENSE # _____ CELL PHONE _____
 ADDRESS _____ CITY/ZIP _____ HOME PHONE _____
 EMPLOYER _____ POSITION _____ BUSINESS PHONE _____
 HOME EMAIL ADDRESS _____ WORK EMAIL ADDRESS _____
 CHURCH NAME _____ DO YOU ATTEND SUNDAY SCHOOL/BIBLE STUDY – YES NO

CHILD PRIMARILY LIVES WITH – MOTHER/FATHER MOTHER FATHER OTHER _____
 ARE THERE ANY COURT ORDER RESTRICTIONS CONCERNING THIS CHILD THAT WE NEED TO BE AWARE OF? YES NO
 (IF SO, PLEASE PROVIDE US WITH THE ENTIRE CURRENT COPY THAT HAS BEEN SIGNED BY A JUDGE.)

THE FOLLOWING PERSON(S) MAY PICK UP MY CHILD (ATTACH ADDITIONAL NAMES & INFO TO THIS FORM):

NAME	DRIVER'S LICENSE #	DAYTIME PHONE	AUTHORIZED FOR A PERMANENT SECURITY ID	OFFICE USE ONLY PAID _____ PHOTO _____
_____	_____	_____	YES NO	_____
_____	_____	_____	YES NO	_____
_____	_____	_____	YES NO	_____
_____	_____	_____	YES NO	_____

I hereby authorize the staff representing HCDC to obtain emergency medical care and to transport my child for emergency medical treatment or to transport my child in the event of emergency relocation.

PARENT OR GUARDIAN SIGNATURE _____ DATE SIGNED _____

I hereby authorize HCDC and grant permission to HCDC to photograph my child for the purpose of class enrichment and center publicity. I understand that I do not have any ownership of the negatives.

PARENT OR GUARDIAN SIGNATURE _____ DATE SIGNED _____

School-Age Families - I hereby authorize HCDC to transport my child to and from school and/or field trips. I understand that I will be notified in advance of all field trips.

PARENT OR GUARDIAN SIGNATURE _____ DATE SIGNED _____

18 Months & Older Families - I hereby authorize HCDC to include my child in supervised water activities. (Sprinkler play only for PreK and younger.)

PARENT OR GUARDIAN SIGNATURE _____ DATE SIGNED _____



STUDENT HEALTH FORM

CHILD'S NAME _____

HEALTH HISTORY

Is this child toilet trained?..... yes no (Students must be potty trained to participate in our PreK 4, PreK 5, & SA programs.)
 Any existing illnesses? yes no If yes, name: _____
 Any previous illnesses? yes no If yes, describe: _____
 Any previous serious injuries?..... yes no If yes, describe: _____
 Any hospitalizations during past 12 months? yes no If yes, describe: _____
 Any allergies? yes no If yes, name: _____
 Are there any dietary restrictions?..... yes no If yes, please list: _____
 Are there any limited activities?..... yes no If yes, name: _____
 Are there any medications on a regular basis? yes no If yes, name: _____
 Are there any parent concerns?..... yes no If yes, please state: _____
 Comments _____

IMMUNIZATION RECORDS

Preschool-age child's immunization records (a copy) must be provided to HCDC before child begins with HCDC.

My school-age child's immunization records are current and on file at the following school:

- | | |
|--|--|
| Harvest Christian Academy * 7200 Denton Hwy * Watauga * 485-1660 | Lonestar * 4647 Shiver Rd. * Keller * 744-5200 |
| Bette Perot * 9345 General Worth Dr. * 744-4600 | North Ridge * 7331 Holiday Lane * N. Richland Hills * 547-3200 |
| Bluebonnet * 7000 Teal Dr. * Ft. Worth * 744-4500 | Park Glen * 5100 Glen Canyon Rd. * Ft. Worth * 744-5400 |
| Chisholm Trail * 3901 Summerfield Blvd. * Ft. Worth * 744-3800 | Parkview * 6900 Bayberry * Ft. Worth * 744-5500 |
| Foster Village * 6800 Springdale * Ft. Worth * 547-3100 | Parkwood Hill * 8201 Parkwood Hill * 744-4000 |
| Freedom * 5401 Wall Price * Keller * 744-4800 | Shady Grove * 1400 Keller-Smithfield Rd. South * Keller * 744-5600 |
| Friendship * 5400 Shiver * 744-6200 | Spicer * 4300 Estes Park Rd * Ft. Worth * 547-3300 |
| Grace Hardeman * 6100 Whispering Lane * Watauga * 547-2800 | SKI (South Keller Intermediate) * 201Burse * Keller * 744-4150 |
| Heritage * 4001 Thompson Rd * Ft. Worth * 744-4900 | Watauga * 5937 Whitley Road * Watauga * 547-2700 |
| Hillwood Middle * 8250 Parkwood Hill * 744-3350 | Whitley Road * 7600 Whitley Road * 744-5800 |
| Other _____ | Willis Lane * 1620 Willis Lane * 744-5700 |

SPECIAL EMERGENCY REFERRAL INSTRUCTIONS

IN THE EVENT I CANNOT BE REACHED OR MAKE ARRANGEMENTS FOR EMERGENCY MEDICAL ATTENTION AT THE TIME OF ILLNESS OR ACCIDENT, I HEREBY AUTHORIZE HARVEST CHILD DEVELOPMENT CENTER TO TAKE MY CHILD TO:

DOCTOR _____ ADDRESS _____ PHONE _____

CHECK HOSPITAL

- _____ COOK CHILDREN'S * 801 7TH AVE., FT. WORTH * 682-885-4000
 _____ COLUMBIA N. HILLS * 4401 BOOTH CALLOWAY RD., NRH * 817-255-1000
 _____ HARRIS HEB * 1600 HOSPITAL PARKWAY, BEDFORD * 817-685-4000
 _____ BAYLOR * 1650 WEST COLLEGE, GRAPEVINE * 817-488-7546
 _____ (OTHER) _____ ADDRESS _____ PHONE _____

ADDITIONAL COMMENTS _____

***EMERGENCY NUMBER WHEN PARENT/GUARDIAN CANNOT BE REACHED (Must list at least one – put additional on back)

NAME _____ RELATIONSHIP _____ WORK # _____ HOME # _____
 ADDRESS _____

NAME _____ RELATIONSHIP _____ WORK # _____ HOME # _____
 ADDRESS _____

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____



Family Lifestyles & Biblical Values Statement

Harvest Child Development Center's biblical role is to work in conjunction with the home to mold students to be Christlike. Our goal is to offer students a program characterized by a belief in the Christian faith, in the Bible as the Word of God, and a developmentally-appropriate enriched hands-on curriculum. Parents enrolling their child in HCDC's program are in agreement with these stated goals and desire to provide their child or children with this type of religious/educational environment. On occasion, the atmosphere or conduct within a particular home may be inconsistent or in opposition to the biblical lifestyle the school teaches. In such cases, the school reserves the right, within its sole discretion, to refuse admission of an applicant or to de-enroll a student.

Parent/Guardian's Signature _____

Date _____



Nutrition Agreement Form

As of June 1, 2011 Licensing is tightening regulations related to food provided to children. The Department of Agriculture's guidelines are being implemented. This means that some of the changes will be that HCDC can only serve 1% milk, whole grain products (if here all day we must provide 3 servings), and low fat meats. Even our snacks for part-time preschool and our schoolers must conform to these standards.

HCDC has informed me of the above laws regarding the nutritional requirements placed upon them as a licensed child care facility. I understand that if I send food or drink of any type, I release HCDC of any nutritional responsibilities for my child.

Child/Children's Name(s): _____

Guardian's Name: _____

Date: _____



Special Care Information Sheet

According to *Minimum Standards*, licensed child care programs must ensure that children who need special care due to disabling or limiting conditions receive the care recommended by a health-care professional or qualified professionals affiliated with the local school district or early childhood intervention program.

Child's Name _____

HEALTH-CARE PROFESSIONAL: My child needs to be provided special care as indicated on the attached health-care professional form.

CIRCLE ONE: YES NO My child has a plan, but it does not apply to HCDC.

SCHOOL DISTRICT: My child needs to be provided special care as indicated on the attached school district form.

CIRCLE ONE: YES NO My child has a plan, but it does not apply to HCDC.

EARLY CHILDHOOD INTERVENTION PROGRAM: My child needs to be provided special care as indicated on the attached early childhood intervention program form.

CIRCLE ONE: YES NO My child has a plan, but it does not apply to HCDC.

To insure high communication, please list any other specific information that your child needs that has been prescribed by a professional:

I understand that it is my responsibility as the parent/guardian for the above child to provide HCDC with current copies of special care documents.

Parent or Guardian's Signature _____

Date _____