



Enrollment Form

Date of Registration: _____

Date of Admission: _____

Child's Name: _____ Nickname: _____
 Date of Birth: _____ Gender (Please Circle): Male Female

Mother's Name: _____ Driver's License #: _____
 Home Address: _____ City: _____ Zip: _____ Home Phone: _____
 Place of Employment: _____ Work Phone: _____ Cell Phone: _____

Father's Name: _____ Driver's License #: _____
 Home Address: _____ City: _____ Zip: _____ Home Phone: _____
 Place of Employment: _____ Work Phone: _____ Cell Phone: _____

E-mail Address (Used billing statements, annual statements, etc.): _____

Is this is a case of divorce or separation (Please Circle)? Yes No N/A

Note: Please provide a copy of court documentation

Alternate Emergency Contact Information:

Name: _____ Phone: _____ Relation: _____
 Address: _____ City: _____ Zip: _____

Authorization to Pickup Child:

Mother (Please Circle): Yes No N/A Father (Please Circle): Yes No N/A

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Has your child been in day care before (Please Circle)? Yes No Name of Center: _____

Does your child have any special needs, including allergies, serious illness or injuries, etc. (Please Circle)? Yes No N/A

If yes, please explain _____

Child's Pediatrician:

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

In the event that I cannot be reached to make arrangements for emergency attention, I give consent to seek medical attention at the nearest Hospital Emergency Room.

 Signature of Parent/Guardian

 Date

For school aged children please indicate:

School Attending: _____ School's Phone: _____

I hereby give Mini Texans permission to transport my child to/from the elementary school he/she is attending.

My child's immunization record is current and on file at said school.

 Signature of Parent/Guardian

 Date