

(281) 557-2273

17926 TX-3
Webster, TX 77598



For Office Use Only	CIN
Admission Date:	

ENROLLMENT APPLICATION

CHILD'S INFORMATION

First Name:	Last Name:	Sex:
Address:	Home Phone:	Birth Date:
City:	Postal Code:	State:

FAMILY INFORMATION

Parent / Guardian Name:	Employment:
Email:	Work Phone:
Parent / Guardian Name:	Employment:
Email:	Work Phone:

Authorized Pick-Up Person(s)

Name:	Phone:
Name:	Phone:
Name:	Phone:

EMERGENCY TELEPHONE NUMBERS

In case Parents/Guardians cannot be reached, the following people are authorized to pick up the students.

Name:		
Address:	Home Tel:	Bus. Tel:
City:	State:	Postal Code:

Name:		
Address:	Home Tel:	Bus. Tel:
City:	State:	Postal Code:

Name:		
Address:	Home Tel:	Bus. Tel:
City:	State:	Postal Code:

HOW DID YOU HEAR ABOUT World Of Wisdom? (PLEASE CHECK ALL THAT APPLY)

<input type="checkbox"/> Friend / Family <input type="checkbox"/> Web Search <input type="checkbox"/> Social Media <input type="checkbox"/> Word Of Mouth <input type="checkbox"/> School / Church <input type="checkbox"/> N/A
If from Friend Or Family Member, Who can we thank?

ENROLLMENT APPLICATION

I further consent to my child being transport by a staff member in case of sudden illness or emergency to a private physician or hospital.

- a) I acknowledge receipt of the facility's operational policies Including those for discipline and guidance.
- b) I give consent for my child to participate in water table activities such as bubble play
- c) I give consent for my child to be transported and supervised by the operation's employees for emergency care.
- d) I give consent for the facility to secure any and all necessary emergency medical care for my child
- e) I understand that my child will not be admitted to the day care until a completed medical form is on file. If my child appears to be ill, he/she will not be admitted to the day care. I shall notify the Manager of the day care if the illness is contagious.

Signature of Parent/Guardian

Signature of Parent/Guardian

Relationship to child

Relationship to child

Date Signed

Date Signed