

Admission Date: _____
Withdrawal Date: _____

THE CHILDREN'S SPOT
1222 E. Debbie Lane
Mansfield, Texas 76063
817-473-0441
Owner: Ashley Shuffield

Hours Enrolled: _____
Days Enrolled: _____

SUMMER CAMP 2022 ENROLLMENT FORM

CHILD'S FULL NAME: _____ Date of Birth: _____
Address: _____ City/Zip: _____ Home Phone: _____

PARENT'S / GUARDIAN'S NAMES: _____
Address (if different from children): _____ City/Zip: _____

Work # (mom): _____ Cell # (mom): _____
Work # (dad): _____ Cell # (dad): _____
DL# (mom): _____ DL# (dad): _____
Email (mom): _____ Email (dad): _____

NAME, ADDRESS, PHONE NUMBER, DL # & RELATIONSHIP TO THE CHILD, FOR THE PERSON TO CALL IN CASE OF EMERGENCY, IF PARENTS CANNOT BE REACHED: _____

I hereby authorize the Children's Spot to allow my child to leave the center ONLY with the following persons. **(Please list the NAMES, PHONE NUMBER & DL NUMBER for each.)**

****Children will only be released to a parent or a person designated by the parent/guardian. Names must be added by the parent/guardian in person.**

(WE DO NOT ACCEPT CHANGES OR ADDITIONS OVER THE PHONE).

Name: _____	Phone# _____	DL# _____
Name: _____	Phone# _____	DL# _____
Name: _____	Phone# _____	DL# _____
Name: _____	Phone# _____	DL# _____
Name: _____	Phone# _____	DL# _____

TRANSPORTATION: (Please circle all that apply)

I hereby *give / do not give consent* for my child to be transported and supervised by the operation's employees for *emergency care / on field trips / to and from school.*

(Parent/Guardian signature) _____

FIELD TRIPS: (Please circle all that apply)

I hereby *give / do not give* my consent for my child to participate in Field Trips.

Parent comments: _____
(Parent/Guardian signature) _____

I wish to complete an FBI background check so that I can attend Fieldtrips with my child:

Yes No

WATER ACTIVITIES: (Please circle all that apply)

I hereby give / do not give my consent for my child to participate in Water Activities such as: *sprinkler play / splashing wading pools / swimming pools / water table play.*

(Parent/Guardian signature) _____

I ACKNOWLEDGE RECEIPT OF THE FACILITY'S OPERATIONAL POLICIES INCLUDING THOSE FOR DISCIPLINE AND GUIDANCE.

(Parent/Guardian signature) _____

I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE: (please circle all that apply)

breakfast / am snack / lunch / pm snack

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

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 Physician: _____

Address: _____

Phone: _____

Name of Emergency Medical Care Facility: _____

Address: _____

Phone: _____

I give my consent for the facility to secure any and all necessary emergency medical care for my child.

(Parent/Guardian signature) _____

SPECIAL NEEDS:

List any special needs/problems that our child may have such as, allergies, 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 which caregiver's should be aware of: _____

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of the Title III, you may call the ADA Information line at (800) 514-0301 (voice) or (800) 514-0383 TTY).

(Parent/Guardian signature) _____

Date _____

My child attends the following school:

Name of School _____

Phone # of school _____

SCHOOLER'S CODE OF CONDUCT ACKNOWLEDGEMENT FORM

I, _____, having been made aware of the established code of conduct for the School-age Program at The Children's Spot, promise to do my best to honor and abide by it, as follows:

- I WILL DO UNTO OTHERS AS I WOULD HAVE THEM DO UNTO ME.
- I WILL USE RESPECTFUL AND APPROPRIATE LANGUAGE WHEN ADDRESSING MY TEACHERS AND CLASSMATES.
- I WILL TREAT THE PROPERTY and EQUIPMENT OF THE CHILDREN'S SPOT WITH CARE AND RESPECT, AND UNDERSTAND **THAT IF I BREAK IT, I WILL HAVE TO REPLACE IT.**
- I WILL NEVER PURPOSELY BE THE CAUSE OF HARM OR INJURY TO A TEACHER OR CLASSMATE.
- I WILL USE A QUIET VOICE WHILE INSIDE THE BUILDING AND VEHICLES.
- I WILL BE A GOOD LISTENER AND FOLLOW THE DIRECTIONS OF MY TEACHERS AND THE CHILDREN'S SPOT ADMINISTRATORS.

I take full responsibility for my actions and deeds, and understand that the consequences for inappropriate behavior will be as follows:

- **1st Offense** - A verbal warning,
- **2nd Offense** - 10 minute time-out
- **3rd Offense** - Loss of privilege for the day or following day; including swim time, field trips, etc.
- **4th Offense** - Sent to office/Parent called/Possible suspension or child picked up.
- **Our 3 strike program will be initiated for repeated unsafe or unkind behavior choices**

Student's Signature _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Teacher's Signature _____ Date: _____