

# Willow Bend Learning Center, LLC

3900 W. Park Blvd; Plano, TX 75075

Ph: 972-867-1871; Fax: 972-964-7097; E-Mail: willowbendlc@aol.com; Director: Roonu Rizavi

## ENROLLMENT INFORMATION

Child's Name:	DOB:	M/F
Child's Address:	City, State, Zip:	
Home Phone #: ( )	Admitted on:	Withdrawn on:
Mother's Name:	Occupation:	
Work Address:	E-mail:	
Work Phone: ( )	Mobile: ( )	
Mom's Driver's License#:	Mom's Social Security#:	
Father's Name:	Occupation:	
Work Address:	E-Mail:	
Work Phone: ( )	Mobile: ( )	
Dad's Driver's License#	Dad's Social Security#	
Persons to contact in emergency (if cannot reach parents):		
1. Name:	Work phone:	Mobile:
Address:		Relationship:
2. Name:	Work phone:	Mobile:
Address:		Relationship:
I hereby authorize WBLC to allow my child to leave the facility ONLY with the following persons, or his regular carpool driver(s). My child will <b>not</b> leave with any other person without written permission:		
1. Name:		Ph:
2. Name:		Ph:

List any problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any long term medication prescribed, or any other conditions that the staff should be aware of:

<b>AUTHORIZATIONS:</b> (Check all that apply)	
1. <b>TRANSPORTATION:</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give >>permission for my child to be transported and supervised by WBLC's staff: <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from school	
2. <b>FIELD TRIPS:</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give >>permission for my child to participate in Field Trips	
3. <b>WATER ACTIVITIES:</b> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give >>permission for my child to participate in water activities <input type="checkbox"/> in swimming pools <input type="checkbox"/> other water activities	
3. <b>OPERATIONAL POLICIES:</b> <input type="checkbox"/> I acknowledge receipt of the operational policies, including those for discipline and guidance.	
4. <b>EMERGENCY EVACUATION:</b> I hereby <input type="checkbox"/> give >>permission to take my child to the <i>Emergency Evacuation Site at Chabad Center of Plano</i>	
5. <b>EMERGENCY MEDICAL ATTENTION:</b> <input type="checkbox"/> If I cannot be reached to make arrangements for emergency medical care, I authorize WBLC to secure any and all necessary emergency medical care for my child	
Name of Physician:	Ph:
Address of Physician:	
Name of Emergency Medical Care Facility:	Ph:
Address of Medical Facility:	
Last Tetanus Diphtheria Booster:	
Parent/Guardian's Signature:	Date:

For <b>SCHOOL AGE CHILDREN</b> only:	
<input type="checkbox"/> My child attends the following school:	Ph:
<input type="checkbox"/> His/her immunization is on file at the school and all required immunizations and/or TB tests are current.	
<input type="checkbox"/> Vision and Hearing screening records are current and on file at the school	
<input type="checkbox"/> My child has permission to be transported to and from school by the WBLC van and staff	

Parent/Guardian's Signature:	Date
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