Willow Bend Learning Center

3900 W. Park Blvd; Plano, TX 75075
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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Home Phone #: ( )	**Admitted on:**	**Withdrawn on:**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 **not** 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:**

_____

AUTHORIZATIONS: *(Check all that apply)*

1. ☐ **TRANSPORTATION:** I hereby [ ] give [ ] do not give >>permission for my child **to be transported and supervised by WBLC's staff:** [ ] for emergency care [ ] on field trips [ ] to and from school

2. ☐ **FIELD TRIPS:** I hereby [ ] give [ ] do not give >>permission for my child **to participate in Field Trips**

3. ☐ **WATER ACTIVITIES:** I hereby[ ] give [ ] do not give >>permission for my child **to participate in water activities** [ ] in swimming pools [ ] other water activities

4. ☐ **OPERATIONAL POLICIES** [ ] I acknowledge **receipt of the operational policies**, including those for **discipline and guidance.**

5. ☐ **EMERGENCY EVACUATION:** I hereby [ ] give permission to take my child to the ***Emergency Evacuation Site*** at ***Chabad Center of Plano, at 3904 Park Blvd.; Plano, TX 75075***

6. ☐ **EMERGENCY MEDICAL ATTENTION:** [ ] 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:**

Parent/Guardian's Signature *Date*

For **SCHOOL AGE CHILDREN** only:

[ ] My child attends the following school: **Ph:**

[ ] His/her immunization is on file at the school and all required immunizations and/or TB tests are current.

[ ] Vision and Hearing screening records are current and on file at the school

[ ] My child has permission to be transported to and from school by the WBLC van and staff

Parent/Guardian's Signature _____ *Date* _____