



Little Leaders WPBC
5148 FM 1488
Magnolia, Texas 77354
281-356-5521 or 936-273-1222
Fax: 936-321-1900

Enrollment Form

CHILD'S FULL NAME _____ NICKNAME _____

DATE OF BIRTH _____ HOME PHONE _____

CHILD'S ADDRESS _____ CITY _____ ZIP _____

EMAIL _____

FATHER'S NAME _____ MOTHER'S NAME _____

FATHER'S EMPLOYMENT _____ MOTHER'S EMPLOYMENT _____

WORK # _____ WORK# _____

HOME # _____ HOME # _____

CELL# _____ CELL# _____

Who child lives with: _____

PARENT INFORMATION: Single Parent Married Separated Divorced: How Long? _____

Stepfather _____ How Long? _____ Stepmother _____ How Long? _____

Custody/Visitation arrangements: _____

Does child attend church regularly? Y N If yes, where: _____

Brothers and Sisters of child: How many? _____ Names and ages: _____

Child's favorite game/toy/activity: _____

Does he/she follow a daily routine? Y N How does he/she react to change in routine? _____

Does he/she take a nap? Y N If yes, when and how long? _____

What may cause your child to show his/her temper? _____

What methods of discipline are used in your home? _____

Briefly describe your child's personality _____

Describe any activities your child is involved in _____

Please provide any other comments that will aide in providing quality care for your child _____

Office Use Only	
Reg Date:	_____
School year:	_____
Registration:	_____
Paid Check #	_____
Tuition amt:	_____
First tuition paid check #	_____

IN CASE OF EMERGENCY:

Please list persons approved to call for your child. The child will not be released to any other person without prior written permission from the parent/guardian. Please give the name of someone that is not in the program on the days your child will be coming.

Children will not be allowed to attend Little Leaders WPBC unless we have emergency #s on file.

1. Name _____ Relationship to child _____
Phone# _____ Cell# _____
2. Name _____ Relationship to child _____
Phone# _____ Cell# _____

In the event that I cannot be reached in an emergency, I hereby authorize Little Leaders WPBC to transport and/or obtain treatment for: _____

CHILD'S NAME

PHYSICIAN/PEDIATRICIAN NAME

PHONE #

PHYSICIAN/PEDIATRICIAN ADDRESS

CITY

ZIP

HOSPITAL NAME

HOSPITAL ADDRESS

CITY

ZIP

INSURANCE COMPANY NAME

POLICY NUMBER

GROUP NUMBER

INSURANCE ADDRESS

PHONE

Is this policy through your employer? Y N _____
If yes, name of employer _____

CHILD'S ALLERGIES [food allergies and/or environmental]

CHILD'S CHRONIC MEDICAL CONDITIONS

REGULAR MEDICATIONS

Is your child presently being treated? Y N Please specify _____

Please note any other pertinent medical history/information: _____

In the event _____ has a fever above 101 degrees F, and parent/guardian cannot be reached, I hereby give permission to Little Leaders WPBC to administer a dosage of _____ tsp. of Children's Tylenol™ to the above-mentioned child.

Please sign below indicating all information and permissions are accurate.

Parent Signature

Date