

RARE Learning, Inc. Enrollment Form

Please complete entire form, do not leave blanks. PLEASE PRINT CLEARLY!

Child's Full Name _____	Date of Birth _____
Child's Home Address _____	City, State, Zip _____
Child's Home Phone Number _____	Date of Admission _____
	Date of Withdrawal _____

Mother's/Guardian Full Name _____ Mother's/Guardian Home Phone Number _____ Mother's/ Guardian Work Phone Number _____ Mother's/ Guardian Cell Phone Number _____ Mother's/Guardian Address _____ Mother's/ Guardian City, State, Zip _____ Mother's/ Guardian Email Address (please write clearly) _____ _____ Place of Employment _____	Father's/Guardian Full Name _____ Father's/Guardian Home Phone Number _____ Father's/Guardian Work Phone Number _____ Father's/Guardian Cell Phone Number _____ Father's/Guardian Address _____ Father's/Guardian City, State, Zip _____ Father's/Guardian Email Address (Please write clearly) _____ _____ Place of Employment _____
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How did you hear about the RARE Learning Program? _____

Would you be interested in substitute teaching or volunteering? If yes please circle one **substitute teaching** **volunteering**

Days Available _____ **Times Available** _____

Attendance	Please circle one location:	Cimarron Park Class	Mustang Park Class
Frisco			
My child will normally be in attendance the following days and times:			
Monday	from: _____	to: _____	
Tuesday	from: _____	to: _____	
Wednesday	from: _____	to: _____	
Thursday	from: _____	to: _____	

Receipt of Written RARE Learning Program Operational Policies

I acknowledge receipt of RARE Learning Program's operational policies including those for discipline and guidance.

Parent/Guardian Signature _____ Date _____

Emergency Contact and Authorization to pick up: *Please list 3 local individuals to contact in the event of an emergency and pick up.*

I hereby authorize RARE Learning to allow my child to leave the childcare operation **ONLY** with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

Name _____	Address _____	Phone _____	Relationship _____
Name _____	Address _____	Phone _____	Relationship _____
Name _____	Address _____	Phone _____	Relationship _____

Parent/Guardian Signature _____ Date _____

I understand that students must bring a **healthy snack** from home. **(No candies, nuts, or nut products are allowed)**

Parent/Guardian Signature _____ Date _____

Parent or Legal Guardian Signature **Date**

I have provided RARE Learning with a copy of my child's most current immunization record.

Parent/Guardian Signature _____ Date _____

Authorization for Emergency Medical Attention/Care

In the event I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I authorize the person in charge at RARE Learning to take my child to the following physician's office/hospital, or an alternate location determined by the emergency personnel.

Name of Physician _____ Emergency Medical Care Facility _____

Address _____ Address _____

Phone _____ Phone _____

Permissions (please circle)

I hereby give / do not give consent to RARE Learning to secure any and all necessary medical care for my child and to transport my child for Emergency Care to this physician, hospital or clinic. I understand that any cost incurred for this purpose will be my responsibility.

Parent/Guardian Signature _____ Date _____

Special Needs

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, and medication prescribed for long-term continuous use, and any other information which caregiver's at RARE Learning should be aware of: If not applicable, initial here _____

School Age Children My child attends the following school: *(For summer session only)*

Name of School _____

Address, City, State, Zip _____ Phone Number _____

My child's immunization records, vision, and hearing screenings are on file at the school and are current.

Parent/Guardian Signature _____ Date _____

Photo/video Release

From time to time RARE Learning Program may take photographs/videos for educational/promotional use. I give consent for to RARE Learning staff to take photographs/videos of my child.

Parent/Guardian Signature _____ Date _____

Outside Employment

I understand that the staff at RARE Learning are prohibited in participating in outside employment with parents.

Parent/Guardian Signature _____ Date _____

Social Networking

I understand that the staff at RARE Learning are prohibited in participating in social networking activities with parents and children enrolled at the facility. *(Such as Facebook, MySpace, and Twitter)*

Parent/Guardian Signature _____ Date _____

Carpooling

I authorize my child to carpool with _____, parents of _____

Parent/Guardian Signature _____ Date _____

Is there a custody order on file with The State of Texas? (circle) YES NO PENDING

**If circled YES, a current copy of your court order MUST be attached to the form and submitted prior to the child starting the program.*

Parent or Legal Guardian Signature

Date

Physician's Statement

Name of Child _____ Date of Birth _____

I have examined the above child within the past year and find that he/she is able to take part in the RARE Learning program.

Health Care Professional Name _____

Address _____ City _____ State _____ Zip _____

Physician Signature _____ Date _____

OR

- A signed and dated copy of a health care professional's statement is attached.
- My child had been examined within the past year by a health care professional and is able to participate in the RARE Learning program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the RARE Learning program.

Parent/Guardian Signature _____ Date _____

HEARING	1000 Hz	2000 Hz	4000 Hz
R			
L			

- PASS
- FAIL

VISION R 20/ _____ L 20/ _____ PASS FAIL

Physician Signature _____ Date _____

OR

- I have provided RARE Learning with a copy of my child's vision and hearing test results.

Parent/Guardian Signature _____ Date _____

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement:

My child had varicella (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Parent/Guardian Signature _____ Date _____

Exemption from Immunization - Complete *ONLY* if Applicable

I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official **notarized affidavit** form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years. Form is available at <https://corequest.dshs.texas.gov/>

Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated **notarized affidavit** stating this.

Parent/Guardian Signature _____ Date _____

Parent or Legal Guardian Signature

Date