RARE Learning Student Compliance Enrollment Form

Student's General Information			
Student's Full Name:	Student's Date of Birth:	Student Lives With:	
		☐ Both parents ☐ Dad	☐ Mom ☐ Guardian
Student's Home Address:			
Date of Admission:			
Location: (select one)	☐ Mustang Park Recreation Center, Irving ☐ Cimarron Park Recreation Center, Irving ☐ VRIC, Irving ☐ Tom Muehlenbeck Recreation Center, Plano ☐ Frisco Athletic Center, Frisco ☐ ICF, Frisco		
Name of Parent or Guardian Completing the Form:			
Address of Parent or Guardian: (if different from student's address)			
Name of Parent 2			
Address of Parent 2: (if different from student's address)			
List phone numbers below where parents/guardian may be reached while student is in care.			
Parent 1 Phone No.	Parent 2 Phone No.	Guardian's Phone No.	
Custody Documents on File:	YES ☐ NO ☐ PENDING ☐		
If circled **YES**, a current copy of your court order MUST be uploaded to the form and submitted prior to the student starting the program.			

I authorize the childcare operation to release my child to leave the childcare operation ONLY with the following persons. Please list name and telephone number for each. Student will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.		
Name	Phone Number	Driver's License Number
1.		
2.		
3.		

Give the name, address and phone number of 3 responsible individuals to **call** in case of an emergency if parents/guardian cannot be reached.			
Name	Address	Phone Number	Relationship
1.			
2.			
3.			

Admission Requirements	
If your child attends pre-kindergarten or school away from the childcare operation, please provide the name and address of the school:	
Name of School	
Address, City, State, ZIP	
Phone Number	
☐ Yes, my child's immunization records, visions, and hearing screenings are on file at the school and are current. ☐ No ☐ Not Applicable	

If your child does not attend pre-kindergarten or school away from the childcare operation or does not have one on file at the school, one of the following **MUST** be presented when your child is admitted to the childcare operation or within one week of admission.

Please click the option that applies:	Form is available at
☐ Please click here to upload a signed and dated statement from a healthcare professional (physician).	
Please submit the necessary health care documentation **Immunization Record (mandatory for all students)** ☐ Please click here to upload your child's most recent immunization record.	
Student's Vision & Hearing Test Results (ages 4 and above only) ☐ Please click here to provide RARE Learning with a copy of your child's vision and hearing test results.	

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 disease (chickenpox) on or about _____ and does not need varicella vaccine.

Exemption from Immunization - Complete *ONLY* if Applicable ☐ I have attached an affidavit for immunization exemption for reasons of conscience or religious beliefs. ☐ I have attached an affidavit for vision/hearing screening exemption for religious beliefs.	Form is available at
Student's Additional Information	
Does your child have any special health conditions/illnesses that we should be aware of? ☐ Yes ☐No. If you have answered yes, please fill out and submit the attached student health plan form.	Form is available at
Has your child been diagnosed with food allergies? Yes ☐ No ☐ If you have answered yes, please fill out and submit the attached Food Allergy & Emergency Plan. ☐ I have provided RARE Learning with a copy of my child's FARE form.	Form is available at
☐ I give permission to the RARE Learning staff to administer an EpiPen to my child and have provided RARE Learning with the EpiPen labelled with my child's name and a health plan from my doctor for the administration of an EpiPen, an inhaler, or any other guidelines for my child's health while in attendance. ☐ I do not give permission to the RARE Learning staff to administer an EpiPen to my child.	
Please acknowledge: ☐ **I have read and fully understood the contents of the following waiver forms:** ***For additional information regarding immunizations, visit the Texas Department of State Health Services' website below.***	

Authorization/Consent Information
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 Number
Name of Emergency Care Facility
Address
Phone Number
Medical Authorization
☐ I hereby 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. ☐ I do not give consent to RARE Learning to secure any and all necessary medical care for my child.

Photo/Video Release (From time-to-time RARE Learning Program may take photographs/videos for educational/promotional use.) Please check one:
☐ I give permission to RARE Learning's staff to take photographs and/or videos of my student. I understand that these photographs/videos may be used for the class WhatsApp group, website and social media platforms, including but not limited to Facebook and Instagram and would be used for educational and promotional purposes only. ☐ I give permission to RARE Learning's staff to take photographs and/or videos for the closed class WhatsApp group only. ☐ I do not give permission for photographs/videos of my child.

Receipt of RARE Learning Program Operational Policies

☐ I acknowledge receipt of the RARE Learning Program's operational policies and acknowledge that I have read and understand all program policies, including those for:

- Discipline and guidance policies.
- Suspension and expulsion policies.
- Emergency plans.
- Procedures for health checks, concerns, and participation.
- Procedures for releasing students.
- Illness/exclusion criteria.
- Immunization requirements.
- Contact details for Child Care Licensing (CCL), DFPS, and Child Abuse Hotline.
- Meals are not served; students must bring healthy snacks (no candies/nuts).
- Staff prohibited from outside employment with parents.

Gang-Free Zone Notice: *Under the Texas Penal Code, any area within 1,000 feet of a childcare center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties*

Further Information
How did you hear about RARE Learning? ☐ Flyers/catalogs ☐ Location Centers' advertisement ☐ Social media ☐ Referred by a Friend ☐ Other
Would you be interested in substitute teaching or volunteering in the class your child is attending? ☐ Yes ☐ Not at Present
Print Name: Signature Date Signed: