



Office Use

Date: \_\_\_\_\_  
 Enroll Fee: \_\_\_\_\_  
 Check #: \_\_\_\_\_  
 Sibling: \_\_\_\_\_  
 Class: \_\_\_\_\_

## 2017 - 2018 Enrollment Application

3000 E. McKinney, Denton, TX 76209  
 kidzoneacademy@gracepointedenton.com

Child's Name (first, middle, last): \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child's Age (on Sept. 1, 2017): \_\_\_\_\_ Birth Date (mo/day/yr): \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

### Information About the Child's Mother and Father – *Please PRINT legibly*

	Mother: _____	Father: _____
Business Name		
Business Phone		
Cell Phone		
Driver's License		
Email		

### People (in addition to parents) for Emergency Contact and/or Authorized to Pick-Up Child

Name	Phone	Driver ID #	Relationship	Emer Contact		May Pick-up	
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No
				Yes	No	Yes	No

### Child's Physician

Name	Address	Phone Number

Please list child's siblings and ages: \_\_\_\_\_

Does your child have any allergies, existing illnesses, previous serious illness, and injuries during the last 12 months? (food, seasonal, pet hair, asthma, etc.): \_\_\_\_\_

Is there any evidence of hearing, vision, or speech difficulties? \_\_\_\_\_ If so, explain: \_\_\_\_\_

Additional information that would be helpful for the teachers to know about your child (i.e. fears, custodial issues, consoling belongings, social anxieties, etc.): \_\_\_\_\_

Do you actively attend a local church? \_\_\_\_\_ Church Name: \_\_\_\_\_

In case of an emergency, such as serious illness or accident, and in the event that neither parent could be reached, I authorize Kidzone Academy at Gracepointe Church to contact my doctor and/or nearest hospital for emergency treatment.

Preferred Emergency Medical Care Facility: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_