



Oak Brook School

family owned since 2001

Child Enrollment Application & Emergency Information

Student Information:

Child's Name _____ Date of Birth _____ Home Phone _____

Child's address _____

Days & hours child will be in care _____ Start date _____

With whom does the child live _____

Parents/Guardians:

Mother _____
Last First e-mail

Father _____
Last First e-mail

Address _____
Street City State Zip

Mother's place of employment _____ DL# _____

Cell # _____ Cell provider: _____ Alt # _____

Father's place of employment _____ DL # _____

Cell # _____ Cell provider: _____ Alt # _____

Emergency Contacts & Authorized Pick-Up:

☛ Name _____ Relationship _____
Telephone _____ Complete Address _____

☛ Name _____ Relationship _____
Telephone _____ Complete Address _____

☛ Name _____ Relationship _____
Telephone _____ Complete Address _____

☛ Physician _____ Telephone _____
Address _____

Release of Children:

Oak Brook School will not release a child to any person other than a parent unless previously notified by the parent. I understand that I must notify the school in advance if anyone other than the child's parent is to pick up. _____ **Parent Initials**

Medical History:

Please list any special needs or problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long term continuous use, and any other information which staff should be aware of:

Food Allergies: *(Requires a 'Food Allergy Emergency Plan')*

Dietary Restrictions:

If none, check here

Allergy information will be posted in your child's classroom

Field Trip Permission: *(5 years of age and above)*

I do hereby give permission for my child to attend all field trips planned. I realize that the Oak Brook staff will do everything in their power to protect my child during these field trips. However, I will not hold them responsible for accidents. I understand that my child will be transported on the Oak Brook school bus. _____ **Parent Initials**

General Transportation: *(Afterschool'ers)*

I do hereby give permission for my child to be transported to and/or from _____ School. I do realize that the Oak Brook staff will do everything in their power to protect my child during this travel. However, I will not hold them responsible for accidents. _____ **Parent Initials**

Summer Sunscreen: *(all children)*

I acknowledge that during the summer program Oak Brook School will provide sunscreen. It will be applied each time the children go outside and for water time. We will use clear continuous spray SPF 50 sunscreen. Insect repellent will be applied per parent request. Parent must bring insect repellent. _____ **Parent Initials**

Water Activities Permission: *(All students)*

I do hereby give permission for my child to participate in sprinkler/water activities at Oak Brook School

I do NOT hereby give permission for my child to participate in sprinkler/water activities at Oak Brook School
_____ **Parent Initials**

Authorization for emergency medical attention:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to Texas Health Presbyterian Hospital Allen: 1105 North Central Expressway, Allen TX 75103 - Phone: (972) 747-1000. _____ **Parent Initials**

I give my consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic. _____ **Parent Initials**

I authorize Oak Brook School to make the decision to transport my child by way of an emergency ambulatory service. I agree that this service will be at my expense. I agree to not hold Oak Brook School responsible for the actions of said emergency personnel. _____ **Parent Initials**

Physicians Statement of Health: *Admission Requirement*

Child's Name: _____ Child's Date of Birth: _____

I have examined the below named child within the past year and find that he/she is able to take part in the school program.

Health Care Professional's Signature: _____

Date: _____

Immunization Records: *Admission Requirement*

I have attached a current copy of my child's immunization records and will provide a current copy to OBS when my child receives additional immunizations. _____ **Parent Initials**

Hearing & Vision Screening: *Admission Requirement (ages 4 and above)*

I have attached a current copy of my child's hearing and vision screening results. _____ **Parent Initials**

Exemption from Immunizations:

I, _____, am excluding my child from the immunization requirements and 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.

Notarized Exemption attached

School Age Children: (Kindergarten – 5th Grade)

My child's immunization record is on file at his/her school (please check your child's school below) and all immunizations are current. Vision and Hearing screening records are also on file at his/her school.

- Kerr Elementary: Address: 1325 Glendover Dr. Allen, TX 75013 Phone: (214) 495-6765
- Olson Elementary: Address: 1751 E Exchange Pkwy, Allen, TX 75002 Phone: (972) 562-1800
- Marion Elementary: Address: 1595 Stablerun Dr. Allen, TX 75002 Phone: (214) 495-6784
- Puster Elementary: Address: 856 Stoddard Rd, Fairview, TX 75069 Phone: (469) 742-8300
- McGowen Elementary: Address: 4300 Columbus Dr. McKinney, TX 75070 Phone: (469) 302-7500
- Other: _____

(Signature of Parent or Legal Guardian)

(Date)

Nutrition:

According with state minimum standards your child will be served a nutritionally balanced lunch every day. If the posted menu for the day does not work with your child's food allergies or restrictions it will be your responsibility to send in a meal for that day. If you choose to bring lunch for your child you are taking responsibility for your child's nutritional needs. A vegetarian option is always available as well. _____ **Parent Initials**

Medication:

In an effort to keep kids healthy and free of illness, over the counter medication will not be administered without a doctor's note due to the fact that they mask symptoms of illness. Medications must be age specific and must be turned into OBS management to be administered. _____ **Parent Initials**