

Willow Bend Learning Center

3900 W. Park Blvd; Plano, TX 75075

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REGISTRATION FORM

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| Child's Name: | DOB: | M/F |
| Child's Address: | City, ST, Zip: | |
| Home Ph #: () | Admitted on: | Withdrawn on: |
| Child Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mom <input type="checkbox"/> Dad | <input type="checkbox"/> Guardian <input type="checkbox"/> Custody Docs on File | |
| Mom's Name: | Mom's Occupation: | |
| Mom's Address: (if different) | City, ST, Zip: | |
| Mom's Work Ph: () Mobile: () | E-mail: | |
| Mom's Driver's License #: | Mom's Social Security #: | |
| Dad's Name: | Dad's Occupation: | |
| Dad's Address: (if different) | City, ST, Zip: | |
| Dad's Work Ph: () Mobile: () | E-mail: | |
| Dad's Driver's License # | Dad's Social Security # | |
| Persons to contact in emergency (if cannot reach parents): | | |
| 1. Name: | Relationship: | Ph: |
| Address: | City, ST, Zip: | |
| 2. Name: | Relationship: | Ph: |
| Address: | City, ST, Zip: | |
| I hereby authorize WBLC to allow my child to leave the facility ONLY with the following persons, or his regular carpool driver(s). My child will not leave with any other person without written permission: | | |
| 1. Name: | Ph: | |
| 2. Name: | Ph: | |

List any existing or previous illness, disorders, injuries during the past 12 months, any long term medication prescribed, diagnosed or undiagnosed **food allergies**, or any other medical condition your child has:

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| AUTHORIZATIONS & CONSENT: (Check all that apply) | |
| 1. <input type="checkbox"/> TRANSPORTATION: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give >>permission for my child to be transported and supervised by WBLC's staff: <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from school | |
| 2. <input type="checkbox"/> FIELD TRIPS: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give >>permission for my child to participate in Field Trips | |
| 3. <input type="checkbox"/> WATER ACTIVITIES: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give >>permission for my child to participate in these water activities <input type="checkbox"/> Water Table <input type="checkbox"/> Sprinkler Play <input type="checkbox"/> Splash Pools <input type="checkbox"/> Aquatic Playground <input type="checkbox"/> Swimming Pools | |
| 4. <input type="checkbox"/> OPERATIONAL POLICIES: I acknowledge receipt of <input type="checkbox"/> Operational Policies, including those for discipline and guidance <input type="checkbox"/> Written copy of my rights as a parent or guardian of a child enrolled at WBLC | |
| 5. <input type="checkbox"/> EMERGENCY EVACUATION: I hereby <input type="checkbox"/> give permission to take my child to the Emergency Evacuation Site at Chabad Center of Plano, at 3904 Park Blvd.; Plano, TX 75075 by foot or in fire-safe cribs | |
| 6. <input type="checkbox"/> EMERGENCY MEDICAL ATTENTION: <input type="checkbox"/> If I cannot be reached to make arrangements for emergency medical care, I authorize WBLC to secure any and all necessary emergency medical care for my child. | |
| Name of Physician: | Ph: |
| Address of Physician: | |
| Name of Emergency Medical Care Facility: | Ph: |
| Address of Medical Facility | |
| Parent/Guardian's Signature | Date |

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| For SCHOOL AGE CHILDREN only: | |
| <input type="checkbox"/> My child attends the following school: | Ph: |
| <input type="checkbox"/> His/her immunization is on file at the school and all required immunizations and/or TB tests are current. | |
| <input type="checkbox"/> Vision and Hearing screening records are current and on file at the school | |
| <input type="checkbox"/> My child has permission to be transported to and from school by the WBLC bus and staff | |

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| Parent/Guardian's Signature | Date |
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