



Texas Best Gymnastics

Tumble Bugs is all grown up!



ENROLLMENT FORM – PRESCHOOL

All information must be provided before acceptance.

Student Information

Student's Name:	DOB:
Address:	Hm. Phone:
City, State, Zip:	

Parent / Guardian Information

Father's Name	Mother's Name:
Authorized to pick-up? ___Y___N DL #:	Authorized to pick-up? ___Y___N DL #:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
E-mail:	E-mail:

Child lives with: ___Father___ Mother___ Both Parents___ Other(step/relative/etc)_____

Emergency Medical Information

Child's Insurance Company:	Policy Number:
In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility staff in charge to take my child to:	
Name of Physician:	Phone #:
Complete Address:	
Name of Hospital:	Phone #:
Complete Address:	
Student Allergy Information:	
My child has the following special needs (regarding health, academic, social, emotional, etc...)	

I give consent for this facility to secure any/all necessary emergency medical care for my child: Signature of Parent/Legal Guardian: _____

Permission to Release

The primary person picking up my child (include DL#) _____ Relationship to child: _____

Please list all persons who are authorized to pick up your child. Your child will only be allowed to leave with the persons named. They will be required to show proof of identification. In the event of an emergency the following persons may also be contacted: **(you MUST LIST two other people and number's to contact in an emergency.)**
To add or drop persons from the list, written notice is required.

Name / Relationship	Driver's License #	Phone Number(s)

Alternate Emergency Contact Person(s)

Name:	Phone No:
Name:	Phone No:
Name:	Phone No:
Name:	Phone No:

I have completed all registration information to the best of my ability. In addition, I have read the registration information and received a parent handbook. I agree to abide by the Tumble Bug preschool policy and procedures. I will notify the staff in writing of any changes made to the information on all forms.

Parent Signature

Date

TBG Inc. does not discriminate against applicants on the basis of race, color, national origin, sex, age, religion or disability status. Due to staffing and budgetary restrictions, certain restrictions apply for enrollment and each child's application will be reviewed individually for acceptance.

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that Tumble Bugs may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800)514-0301 (voice) or (800)514-0383 (TTY).

For office use only:

Date packet was reviewed with parent: _____ Staff initials: _____ Child start date: _____

