

THE TRAINING DEPOT

Application for Enrollment

Child's Full Name _____
Last First Middle

Current Age _____ Birthdate ___/___/___
() Male () Female

Check if appropriate:
() Father deceased () Parent's Divorced
() Mother deceased () Parent's Separated

Information regarding the parents that are in the home with the child

Father's Name _____ Occupation _____
Place of Employment _____ SS # _____
Work Hours _____ Work phone _____ ext. _____
Home address _____ Home phone _____
City _____ State _____ Zip _____
Email Address _____

Mother's Name _____ Occupation _____
Place of Employment _____ SS # _____
Work Hours _____ Work phone _____ ext. _____
Home address _____ Home phone _____
City _____ State _____ Zip _____
Email Address _____

Information regarding any parents not currently living in the home with the child.

Mother/Father's Name _____
Occupation _____
Place of Employment _____
Home Address _____
Home Phone _____

Is this parent permitted contact with your child during school hours? _____

Will this parent be permitted to pick your child up at school? _____

* If parent may not have contact w/ the child; court ordered papers need to be attached.

Parent's signature _____

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Health Information

Has This Child:

* Been toilet trained? Yes () No ()

* Existing illness? Yes () No ()

 If yes, please name: _____

* Had Previous Serious Injuries? Yes () No ()

 If yes, please describe: _____

* Had any hospitalizations during the last 12 months?

 Yes () No ()

 If yes, please describe _____

Are there any parent concerns? Yes () No ()

 If yes, please describe:

Does your child have any unusual health problems that we should be aware of? If yes, what special precautions should we take? _____

List any medications or drugs taken by your child that the Day Care should be aware of: _____

Is a copy of your child's shot record attached? _____

Our file will not be considered complete until an up-to-date shot record is on file.

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Statement From Physician

(Required prior to attendance)

I have examined _____, within the last year and can certify his/her good health. I see no reason that he/she should be prevented from participating in daily activities.

Physician's signature

Date

Parent Signature _____

Water Activities Permission

(Ages three and up only)

My child, _____, has permission to participate in water activities planned by The Training Depot. I understand that he/she will be continuously supervised by adults in accordance with the MINIMUM standards set up by the State of Texas and that safety rules will be enforced. This is not intended as a waiver or release of any legal responsibility.

Signature of Parent/Guardian

Date

Transportation Permission

(School age children only)

I give permission for my child _____, to be transported by the Training Depot on field trips. (I understand that I will be informed, in advance, of all field trips. If I do not wish for my child to participate, he/she will be supervised by a staff member remaining at the school.)

Signature of Parent/Guardian

Date

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Church Affiliation Information

Are you presently a member of any church?	YES	NO
Do you attend a church regularly?	YES	NO
Are you looking for a church home?	YES	NO
If your last response was yes, may someone from Fort Worth First Church of the Nazarene contact you?	YES	NO

Parent Signature _____

Our mission and vision is this:

Fort Worth First is a community of Faith, Worship & Family striving to...

Live, share, teach and proclaim **FAITH in Jesus Christ.**

Matthew 28:18-20

Celebrate Christ through lives of personal and corporate **WORSHIP.**

Romans 12:1

Build up in unity the **FAMILY of Christ and the home for life and eternity.**

Ephesians 4:11-13
