



**Spanish Schoolhouse**  
**Preschool & Kindergarten**  
**Child Admission/Registration Form**

**Child's Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: M / F  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Parent Information**

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*Please circle the number that is the primary contact.*

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Please circle the program that your child will be enrolled in:**

Preschool:      M/W      M/W/F      T/TH      T/TH/F      M-TH      M-F  
Kindergarten:      M/W/F      M-F

**Emergency Contact (other than parent).** *This is required by the State of Texas.*

Name: \_\_\_\_\_ Contact Phone Numbers: \_\_\_\_\_  
Name: \_\_\_\_\_ Contact Phone Numbers: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of child**

In addition to the parents listed on this form, I authorize Spanish Schoolhouse to allow my child, \_\_\_\_\_, to leave the facility with the following people only:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Authorization for Emergency Medical Attention**

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Address: \_\_\_\_\_ Insurance Phone: \_\_\_\_\_

Hospital Preference (Please list name of hospital or write "Closest") \_\_\_\_\_

Hospital Address: \_\_\_\_\_

Please list any special needs that your child may have or other information the school should be aware of:

I give consent for the facility listed above to secure any and all necessary emergency medical care for my child. I also authorize the persons under "release of child" to leave the school with my child. I certify that all information above is true to my knowledge.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

<i>For Office Use:</i>	
Date of Admission:	_____
School Start Date	_____
Date of Withdraw	_____