



**Enrollment Form**

Please complete entire form, do not leave blanks. Write "n/a" if not applicable.

Child's Full Name	Date of Birth
Home Address	City,State,Zip
Home Phone	

<b>Mother/Guardian One Information</b>	<b>Father/Guardian Two Information</b>
Full Name	Full Name
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone
Mother's Home Address	Father's Home Address
Email Address	Email Address
Place of Employment	Place of Employment

Is there a custody order on file with The State of Texas? (circle) YES NO PENDING  
 \*If circled Yes, a current copy of your court order MUST be attached in order for us to uphold the order— no exceptions.

**Authorization to Pick-up**

I hereby authorize MBC Explorers to allow my child to leave the facility ONLY with the following persons. Please list name and telephone number for each person allowed to pick-up child. Children will only be released to a parent or a designated person below after verification of ID.

Name	Relationship to Child	Phone Number
1.		
2.		
3.		

**Acknowledgments/Consents**

1. I hereby (circle one) give / do not give consent for my child to participate in water activities.  
 (please circle all that apply) *Sprinkler Play* *Water Table Play* *Splashing/Wading Pool*

2. I hereby (circle one) give / do not give consent for my child to be transported and supervised by MBC Explorers staff for Emergency Medical Care.

3. I hereby (circle one) give / do not give consent for my child to be photographed in the classroom. I understand photographs may be used on the MBC Church website.  
 Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I acknowledge receipt of the facility's operational policies including those for discipline and guidance.  
 Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I understand that I MUST provide a complete, nutritional lunch for my child. I understand that a morning and afternoon snack will be served. I understand MBC Explorers is not responsible for meeting the daily nutritional needs for my child.  
 Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Attendance**

My child will be in the MBC Explorers facility on the following days and times:

\_\_\_\_\_ Monday From \_\_\_\_\_ To \_\_\_\_\_      \_\_\_\_\_ Thursday From \_\_\_\_\_ To \_\_\_\_\_  
 \_\_\_\_\_ Tuesday From \_\_\_\_\_ To \_\_\_\_\_      \_\_\_\_\_ Friday From \_\_\_\_\_ To \_\_\_\_\_  
 \_\_\_\_\_ Wednesday From \_\_\_\_\_ To \_\_\_\_\_

Please share with us any information that will help teachers to have a better understanding of your child's interests and experiences:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Names and ages of other children in the family:

\_\_\_\_\_  
\_\_\_\_\_

Special Concerns

Fears: \_\_\_\_\_

Health: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other: \_\_\_\_\_

Eating Habits: \_\_\_\_\_

\_\_\_\_\_

Does your child take a nap? \_\_\_\_\_

What desires or goals do you have for child's experience at MBC Explorers? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List discipline procedures you've found to be most effective with your child and why: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What language is predominately spoken in child's home? \_\_\_\_\_

Does your child have any special attachment items (pacifier, blanket, toy, thumb)? If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is your child on medication? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Side effects: \_\_\_\_\_

\_\_\_\_\_

Are you actively involved in a church? \_\_\_\_\_ If yes, which church? \_\_\_\_\_

Would you be interested in receiving information about Memorial Baptist Church? \_\_\_\_\_

I understand that a staff member will be available for conferences upon request by parents.

I understand that special problems or occurrences affecting a child will be brought to the attention of parents, including communicable diseases. **The information given to us about your child is confidential and will only be shared with your child's teachers and the administration.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date

## Emergency Medical Release

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Child's Home Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Please list any known allergies or illnesses that would conflict with emergency care or treatment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contacts

Mother's Full Name _____	Father's Full Name _____
Mother's Phone Number to call during school hours _____	Father's Phone Number to call during school hours _____

Please list 3 individuals to contact in the event of an emergency and parents cannot be reached:

Name	Relationship to Child	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Child's Health Insurance Company \_\_\_\_\_  
Insured's Name \_\_\_\_\_  
Policy and/or Group Number \_\_\_\_\_ Phone Number \_\_\_\_\_

### Authorization for Emergency Medical Care

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I hereby authorize MBC Explorers and its staff to take my child to:

Name of Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_

Or to:

Name of Hospital \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_

Bearer of this form has my permission to have attending physician tend to the medical need of my child \_\_\_\_\_ as necessary.

Child's Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



600 West Sterling Avenue  
Baytown, TX 77520  
(281) 427-1725 x 223

### Financial Agreement

1. Tuition is based on the total charge for the school year. The total charge is divided into 10 equal payments beginning in August and continuing to May 10<sup>th</sup>.
2. Monthly tuition is due the first of each month, August – May. If tuition is not paid by the 10<sup>th</sup> of the month a \$20.00 late fee will be charged.
3. Our program is open Monday through Friday 7:00am – 5:00pm. MBC Explorers is only licensed by the Texas Department of Family and Protective Services to care for children during these specified times. If I am late picking up my child (beyond their pre-scheduled time), a \$1 per minute late fee will be charged to my account.
4. **Tuition is the same each month regardless of absences, holidays, or weather conditions that result in the school being closed.**
5. There will be a \$20.00 charge for checks returned to us due to insufficient funds.
6. If payment is not made by the end of each month, your child's enrollment is subject to termination.
7. Parents are encouraged to communicate with the director regarding any unforeseen difficulty in meeting financial obligations.
8. I understand that the registration fee is NON-refundable.
9. Families with two children enrolled in MBC Explorers will receive a 15% discount on the lowest priced, non-infant tuition, excluding extended care.
10. If a child withdraws after April 15, the May tuition payment is still due.
11. It is understood that my child may be asked to withdraw from the school due to circumstances deemed appropriate by the director, including behavioral problems and non-payment of tuition and fees.

I understand and accept the financial policies for Memorial Baptist Church Explorers CDC.

\_\_\_\_\_  
Parent/Guardian Signature

Date\_\_\_\_\_

# PHYSICIAN'S STATEMENT

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Healthcare Professional

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**ADMISSION REQUIREMENT:** The following must be presented when your child is admitted to the child care facility or within ONE week of admission.

**I have examined the above named child within the past year and find that he/she is able to take part in the child care center at Memorial Baptist Church in Baytown, TX.**

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

# What to Bring the First Day!

## Infants

Diapers (1 month supply)

Wipes

Diapering Extras (rash cream, powder, lotions, etc)

2 complete changes of clothes

1 small blanket

Any comfort item (ex: pacifier)

Enough pre-made bottles for the day (+1, just in case)

Enough cereal, baby food, and/or food for snacks

**LABEL EVERYTHING!!**



## Toddlers/Twos

Diapers or Pull-ups

Wipes

Diapering Extras (rash cream, powder, lotions, etc)

1 complete change of clothes in a gallon plastic bag (including extra socks & shoes)

2-3 bottoms (shorts or pants) and undergarments – Remember, potty training can be messy!

Nap Mat and cover (king size pillow case works great) \*\*No sleeping bags, please!

1 small blanket and small pillow for nap time – must fit into their cubby

Sippee Cup & Eating Utensils

Lunch (must be packed with a frozen ice pack)

Mosquito Spray & Sunscreen (small size)

**LABEL EVERYTHING!!**



## Threes and Fours

Lunch (must be packed with a frozen ice pack)

Eating Utensils

Complete change of clothes in gallon plastic bag

Nap mat and cover (king size pillow case works great) \*\*No sleeping bags, please!

Small Blanket and small pillow for nap time – must fit into their cubby

Light sweater or hoodie to stay in class

Mosquito Spray & Sunscreen (small size)

**LABEL EVERYTHING!!**

Please leave all valuables and toys at home. MBC Explorers cannot be responsible for broken or lost items.