



ST. ROSE OF LIMA

EARLY CHILDHOOD CENTER

3600 Brinkman Road | Houston, Texas 77018
 713. 692.1941 | FAX: 713-275-3997
www.stroselima.org/ecc/home

Enrollment Application

OFFICE ONLY Date of Admission _____

Child's Name _____ Birth Date _____

Parent's or Guardian's Name _____

Address _____ City _____ Zip _____

How did you hear of St. Rose of Lima Early Childhood Center? _____

Phone numbers where parents/guardian may be reached while child is in the St. Rose of Lima Early Childhood Center's care:

Mother: Home _____ Work _____ Cell _____
 Email _____

Father: Home _____ Work _____ Cell _____
 Email _____

Guardian: Home _____ Work _____ Cell _____
 Email _____

Person to call if parent or guardian cannot be reached:

Name _____ Address _____ Phone _____

I hereby authorize St. Rose of Lima Early Childhood Center to allow my child to leave ONLY with the following persons (non-parent):

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

List any problem that your child has such as allergies, previous or existing illness, injuries, hospitalizations within the past year, or medications prescribed for long-term use: _____

In the event that I cannot be reached for emergency medical attention, I authorize the facility director or person in charge to transport my child to:

Name of Hospital	Address	Phone

Or, Name of Licensed Physician	Address	Phone

I give my consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic. Parent's Initials _____

I have received a copy of the Early Childhood Center's Handbook and will comply with the policies. Parent's Initials _____

I give my consent for my child to participate in water activities (water table, splashing pools, and sprinklers). Parent's Initials _____

I give permission for my child's picture to be used for promotional materials (newsletters, web images, calendars, power point, video, etc.). Names will not be used. Parent's Initials _____

I hereby give consent for my child to participate in St. Rose of Lima Early Childhood Center. I release and save harmless St. Rose of Lima Parish and its agents from any and all liability and injury occurring.

Signature of Parent or Legal Guardian

Date