



St. Rose of Lima Catholic Community  
 3600 Brinkman Road  
 Houston, Texas 77018  
 713/ 692-9123 Parish Office  
 713/ 692-1941 Early Childhood Center



# Enrollment Application

OFFICE ONLY

Date of Admission \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child's Phone \_\_\_\_\_

Parent's or Guardian's Name \_\_\_\_\_

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 \_\_\_\_\_

**Father:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Guardian:** Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**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 \_\_\_\_\_

(Check) My child's weekly schedule will be:

Monday-Friday (5 days)    Monday, Wednesday, & Friday (3 days)    Tuesday & Thursday (2 days)

From \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

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, sprinklers*). 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