



	B/A B A	School:		School #:
Enrollment Date	Child's Name:			
Allergies	Name child is usually called:			
Previous Serious Illness?	Date of Birth:			
Long Term Medications?		Mother's Information	Father's Information	
Does child have permission for : Field Trips Yes / No Swimming Yes / No Water Play Yes / No (Includes Sprinklers, Wading Pool, Water Table Play) Transportation Yes / No Evacuation Yes / No Video / Programs Yes / No	Parents Name			
	Home Address City/St/Zip			
	Date of birth			
Pediatrician:	TX DL#			
Pediatrician's Number:	SS#			
In case of an emergency, I authorize Meadow Oaks Academy to seek medical care or treatment for my child at: Dallas Regional 1011 N. Galloway Ave. Mesquite, TX 75149 214-320-7000	Home Phone			
	Cell Phone Email Address			
	Employer's Name & address			
OR Alternate Hospital: Children's Medical Center 1935 Motor Street Dallas, Texas 75207 214-456-7000	Work Phone			
	Occupation			
	Emergency Contacts Please list emergency contacts and those authorized to pick up your child.			
Parent/Guardian Signature: _____ Date: _____	Name	Relationship to Child	Phone Number	TX DL#
Previous schools/day care centers your child has attended: _____ _____ If your child is After Schooler Name Of School: _____ Address _____ _____ Are Shot Records Kept at School... Y.... N				

Is child adopted?	At what age?	Does he/she know?
Are both parents living?	Divorced?	Separated?
Does your child have a stepmother?	Stepfather?	
What are custody/visiting arrangements? School needs a copy of custody arrangements.		
Who lives at home with your child? (Please list all members of your household and their relationships to your child. Include ages of siblings.) <hr/> <hr/> <hr/>		
Does your child have siblings that do not live in this home? If yes, please explain. <hr/> <hr/> <hr/>		
What language is primarily spoken in the home?		
What other languages are spoken?		
Is your home in a house?	Apartment?	Other?
Please list other family members with whom your child has close contact. <hr/> <hr/> <hr/>		
If your child has pets, please list kind and names. <hr/> <hr/>		
What opportunities does your child have to socialize with other children?		
What are the ages of the children your child plays with?		
When your child does not meet the standards of behavior established in your home, what procedures are followed, and who usually enforces them?		
What are your child's phrases for urination?	Bowel movement?	
Does your child need help in the restroom?	How?	
How does your child usually go to sleep?(On tummy or back, with a special blanket or item, with a song, story, etc.)?		
In general, is your child's appetite food, fair, poor?		
Is father/mother/both parents away from home for long periods of time? If yes, please explain.		
Have there been periods in your child's life when he/she has shown signs of fear, worry, or strain? If yes, explain.		
We would appreciate any additional comments you would care to make. <hr/> <hr/>		
How many hours will Child be in Care?		