



B/A B A

If your child is After Schooler
 Name Of School: _____
 Address _____

 Are Shot Records Kept at School..Y... N

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
Previous schools/day care centers your child has attended: _____ _____ _____ _____			