



# Fort Worth Save Our Children Learning Center

4215 Avenue M

Ft. Worth, TX 76105

817-536-3033 phone and fax

fwsoc.org

Application for: *(circle one)*

Enrollment

Re-Enrollment

Fee Rec'd

Please Include Non-refundable

Enrollment Fee of \$60 or Re-Enrollment Fee of \$50

\_\_\_\_\_

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

Applying to Grade \_\_\_\_\_

Typical Hours In Care \_\_\_\_\_

Last Name \_\_\_\_\_ Middle Name \_\_\_\_\_ First Name \_\_\_\_\_ Suffix \_\_\_\_\_

Social Security Number \_\_\_\_\_ *(will be used for student id number)*

Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity (optional) \_\_\_\_\_ Citizenship \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

First Parent or Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Parent Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employed by \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Schools Attended and Degrees \_\_\_\_\_

Second Parent or Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Parent Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employed by \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Schools Attended and Degrees \_\_\_\_\_

## Family Information

Is there any information about the child/applicant or the child/applicant's family that you would like to share with the Admissions Office? (i.e., recent new sibling, death of an immediate family member, divorce, or other substantial changes allergies, existing illnesses, previous serious illnesses or injuries during the past 12 months; any medications prescribed for long term conditions)?

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

## Scholastic Information (required if applicant is currently attending school)

Current or most recent school \_\_\_\_\_

Address \_\_\_\_\_

Principal/Director \_\_\_\_\_ School Phone \_\_\_\_\_

Present Grade \_\_\_\_\_ Dates Attended \_\_\_\_\_

Previous schools attended:

School 1 (second most recent) School 2 \_\_\_\_\_

Address Address \_\_\_\_\_

Grades Attended Dates Attended Grades Attended Dates Attended \_\_\_\_\_

## Sibling Information

Please list other children in the family:

Name: Birth Date: Current School:

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

CHILD'S NAME \_\_\_\_\_

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

**AUTHORIZATION FOR EMERGENCY MEDICAL**

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

\_\_\_\_\_  
Physician Address Phone

\_\_\_\_\_  
Hospital Address Phone

I give consent or necessary emergency treatment when my child is in care of this physician and/ or hospital / clinic.

\_\_\_\_\_  
Parent's Signature Date

**HEALTH REQUIREMENTS**

Please submit a copy of any immunization records signed or stamped by a physician or health personnel

**ADMISSION REQUIREMENTS**

One of the following must be presented when the child is admitted to FWSOC or within one week of admission. Check Option:

- \_\_\_\_\_ Doctor's Statement or examination attached
- \_\_\_\_\_ Written statement form health service clinic
- \_\_\_\_\_ Parent statement that child has been examined within the past year and will obtain a physician's statement within the next twelve months.

\_\_\_\_\_  
Physician Name Address

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

-----Only Required After Acceptance to FWSOC-----

**TRANSPORTATION**

Transportation consent for field trips as applicable. My child has permission for field trips.

\_\_\_\_\_  
Parent's Signature Date

**CHILD PICK UP AUTHORIZATION**

The following persons are authorized to pick up my child, I will notify the FWSOC in writing of any changes in this list. No one else is authorized to pick up my child:

1. \_\_\_\_\_  
Name relationship to child phone
2. \_\_\_\_\_  
Name relationship to child phone
3. \_\_\_\_\_  
Name relationship to child phone
4. \_\_\_\_\_  
Name relationship to child phone

FWSOC will not release a child to anyone not on this list without prior notification under any circumstances. Do not send anyone not designated on this list without notification to the director of such actions. It is all for the safety and well being of your child.

\_\_\_\_\_  
Parent's signature Date