

**This Document contains all the forms needed
for Child Care enrollment at UTD.**

Please fill in the following information. Print all the forms, sign and return completed child care packet materials to Y.W.C.A./UTD Child Care.

Child Care Packet consists of:

- Y.W.C.A./UTD Child Care Program/Insurance Policy (Notary Required)
- Y.W.C.A./UTD Child Care Program/Enrollment Form/Release of Child
- Physical Health Information
- Release Form (Notary Required)
- Parent's Class Schedule

**Y.W.C.A./UTD Child Care
Enrollment Form**

Child's Name					Age					
Date of Birth					Gender	Male		Female		
Home Address										
	City			State			Zip			
Hours and Days of Program										
Mother's Name					Home Phone					
Business Address					Business Phone					
Mother's Social Sec.					Driver's License					
Father's Name					Home Phone					
Business Address					Business Phone					
Father's Social Sec.					Driver's License					
Parent's Marital Status	Married		Separated		Divorced		Widowed		Single	
If separated, who has custody of child?										
May non-custodial parent pick up child?										
May we have a copy of latest court order affecting custody of child?										

Release of Child

A child will not be released to others without special identification and specific permission from parents.

I hereby authorize that my child may be released to the following person(s):

1	Name		Phone		Driver's Lic.	
2	Name		Phone		Driver's Lic.	
3	Name		Phone		Driver's Lic.	

**Y.W.C.A./UTD Child Care
Child Care Program**

Child's Name _____ Date entering the Program _____

The fees for child care include an \$8.00 per child initial enrollment fee and \$6.00 per day for the days of scheduled child care service in each month. Fees are payable monthly in advance. Fees will not be refunded based on illness or other unforeseen reasons.

I have reviewed, understand, and agree to comply with the Y.W.C.A./UTD Child Care payment policies.

I have read and agree to comply with all the Operating Child Care Policies as stated in the parent's copy. See <http://www.utdallas.edu/student/slfe/childregis.html>

Please read: [Privacy Statement/Social Security Statement](#)

Signature of parent or guardian

Date

Phone number

Y.W.C.A. Insurance Policy

The Y.W.C.A. of Metropolitan Dallas carries accident insurance on all children in the Child Care Program. Our policy covers up to a maximum of \$2,500 for each occurrence. The maximum coverage for dental expense of \$100.00

There is a \$25.00 deductible clause included in the policy, and the parents will, therefore, be responsible for paying the first \$25.00 of each claim.

The Y.W.C.A. does not pay any medical expenses over the limit covered by insurance.

I have read the Y.W.C.A. Policy regarding insurance coverage and understand the Policy as stated.

Signature of parent or guardian

Date

Note: A parent copy is included in section V, Health paragraph B of the Child Care Policy .

Before me, the undersigned, a notary public in and for said County and State, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that (he/she) executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office this day of _____, _____.

Notary Public in and for the State of Texas

**Y.W.C.A./UTD Child Care
Physical Health Information**

Date entering program _____

Please fill in the following information.

Physician's Release

_____ has been examined by me within the past year, and I find him/her to be in good physical health and able to participate in all activities of the Y.W.C.A. Child Care Program

(Restrictions, if any)

--

_____ Date _____
Signature of physician

Address _____ Phone _____

Immunization Records

The immunization records of _____ are on file at:

Name of School	
Address	
Phone	

Continued ability to participate (to be signed annually after entering the program)

_____ continues to be under treatment of a doctor and continues to be physically able to participate in all activities of the Y.W.C.A. Child Care program.

_____ Date _____
Signature of parent or guardian

**Y.W.C.A./UTD Child Care
Release Form**

Emergency Treatment

In order to meet all legal requirements, I hereby authorize the Y.W.C.A. personnel to give consent for any and all necessary emergency medical care for my child. In the event I cannot be reached to make arrangements for emergency medical care at time of illness or accident, I hereby authorize the Y.W.C.A. to take my child to: Dr. _____,
address _____ phone _____, or to a hospital or another licensed physician.

Signature of parent or guardian

Date _____

Emergency phone numbers:

Home		Father (work)		Mother (work)	
Other Relationship		Father (cell)		Mother (cell)	

Waiver, Release and Indemnity Agreement

All precautions will be taken to prevent accidents. Simple first aid will be administered to all minor injuries, and parents or doctors will be called when necessary. However, the Y.W.C.A./UTD Child Care Program and its teachers cannot be held liable for injuries to children while on the premises or otherwise in the care of staff members. The teachers will do their best to ensure the safety of the children. In consideration of the acceptance of (our, my) child(ren) in the Y.W.C.A./UTD Child Care Program and the services rendered in connection with that Program, (we, I) do hereby release the Y.W.C.A. of Metropolitan Dallas, The University of Texas at Dallas, and their staff and volunteers from all liability, and voluntarily waive any claims, demands, controversies, actions, or causes of action that (we, I) may in the future own or hold for property damages, personal injuries, or any other loss, whether known or unknown, against the Y.W.C.A. or UTD arising out of or in any way related to such child(ren) participation in the Y.W.C.A./UTD Child Care Program, included, but not limited to, claims brought by or on behalf of such child(ren).

If this agreement is signed by only one person, the undersigned states upon oath that (he, she) is the managing conservator or guardian of the person or subject child(ren) and that (he, she) is solely responsible for payment of the expenses of care and support of such child, except for court order support payments made to the undersigned.

State of Texas County of _____

Before me, the undersigned, a notary public in and for said County and State, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that (he/she) executed the same for the purposes and consideration therein expressed. Given under my hand and seal of office this _____ day of _____, _____.

Notary Public in and for the State of Texas

Parent's Class Schedule

Name			
Home Address			
Home Phone		Work Phone	
Drivers License#		Social Sec. #	

Name, age, and gender of each child enrolled:

Name	Age	Gender

Course Name	Building/Room	Time (AM/PM)	Day

The above information is necessary in order for Campus Security to contact you in case of emergency. A new Parent's Class Schedule form must be submitted each semester that your child is enrolled in Child Care.

Privacy Statement

With few exceptions, you are entitled on your request to be informed about the information U. T. Dallas collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have U. T. Dallas correct information about you that is held by us and that is incorrect.

Social Security Disclosure

Disclosure of your Social Security Number (SSN) or UTD Identification Number is requested because it is unique identification number which is maintained for the purpose of ensuring tracking and accuracy of student information. The disclosure of such information is voluntary. Disclosure of your Social Security Number or UTD Identification Number will be governed by the Public Information Act (Chapter 552 OF The Texas Government Code).