Student Information

15316 Huebner RD #300 • San Antonio, TX 78248 210-479-5853 vcssa.com

Student's Name

Child's Last Name	Child's First Name	Child's Middle Initial
Child's Date of Birth Ex. 04/23/2001 / /	Social Security Number	Student Gender ☐Male ☐Female
Child's Street Address	City	State / Zip Code
Child's Home Telephone No.	Date of Admission Ex. 04/23/2001 / /	Student ID Number

Ethnicity

☐Caucasian ☐Hispanic ☐African-American ☐Asian/Pacific ☐American Indian ☐Other _____

Parent/Guardian 1

Last Name	First Name	Middle Initial
Street Address (*if different from child's address*)	City	State / Zip Code
Social Security Number	Occupation	Employer

List telephone numbers below where parent/guardian may be reached while child will be in care:

Home Telephone No.	Work Telephone No.	Cell Phone No.

Ethnicity

☐Caucasian ☐Hispanic ☐African-American ☐Asian/Pacific ☐American Indian ☐Other _____

Parent/Guardian 2

Last Name	First Name	Middle Initial
Street Address (*if different from child's address*)	City	State / Zip Code
Social Security Number	Occupation	Employer

List telephone numbers below where parent/guardian may be reached while child will be in care:

Home Telephone No.	Work Telephone No.	Cell Phone No.

Ethnicity

☐Caucasian ☐Hispanic ☐African-American ☐Asian/Pacific ☐American Indian ☐Other _____

_____ _____

Signature – Parent or Legal Guardian Date

Sibling Information

Name of sibling attending VCS	Grade	Name of sibling attending VCS	Grade

Student Pickup Authorization

*I hereby authorize the childcare operation to allow my child to leave the childcare operation **ONLY** with the following persons. Please list name & telephone number of each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.*

Full Name	Telephone No.
Full Name	Telephone No.
Full Name	Telephone No.

Agreements

Transportation I hereby ☐give ☐do no give – consent for my child to be transported and supervised by the operation's employees:

☐for emergency care ☐on field trips ☐to and from home ☐to and from school

Filed Trips: I hereby ☐give ☐do no give – my consent for my child to participate in Field Trips.

Parent's Comments: _____

Water Activities I hereby ☐give ☐do no give – my consent for my child to participate in Water Activities:

☐sprinkler play ☐splashing/wading pools ☐swimming pools ☐water table play

Receipt of written operational policies:

☐I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

I understand that the following meals will be served to my child while in care:

☐None ☐Breakfast ☐AM Snack ☐Lunch ☐PM Snack ☐Supper ☐Evening Snack

My child is normally in care on the following days and times:

☐Mondays	☐7:00 am – 6:00 pm	OR	☐8:30 am – 3:30 pm
☐Tuesdays	☐7:00 am – 6:00 pm	OR	☐8:30 am – 3:30 pm
☐Wednesdays	☐7:00 am – 6:00 pm	OR	☐8:30 am – 3:30 pm
☐Thursdays	☐7:00 am – 6:00 pm	OR	☐8:30 am – 3:30 pm
☐Fridays	☐7:00 am – 6:00 pm	OR	☐8:30 am – 3:30 pm

Web & Media I hereby ☐give ☐do no give – my consent for my child's photography and video to be used by VCS for advertising on any electronic media outlet, print media outlet, and internet.

_____ _____

Signature – Parent or Legal Guardian Date