



Merit Children's Academy
2700 Fairmont St.
Dallas, TX 75201
469-258-2115

CHILD REGISTRATION FORM

Child's Legal Name: _____ M__F__ Date of Birth _____
Child's Preferred Name: _____ Attendance Start Date _____
Program: ____ Full-time ____ Part-time

PARENT INFORMATION

Parent 1: Name _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

DL # _____ SS # _____

Same address as child ____ Employer _____

Parent 2: Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

DL # _____ SS # _____

Same address as child ____ Employer _____

With whom does the child live? _____

Who is responsible for payment? _____

In an emergency situation when the Child's parent(s) cannot be reached, the following people, who must be 18 years old, will be contacted. You MUST list at least two people.

1. Name _____ Relationship _____
Driver's License Number _____
Home Phone _____ Cell Phone _____
2. Name _____ Relationship _____
Driver's License Number _____
Home Phone _____ Cell Phone _____

Yes ____ No ____ I hereby give permission for Merit Children's Academy and its affiliates to photograph and or video of my child. These photographs may be used internally or for publicity purposes.

I give Merit Children's Academy Permission to apply sunscreen that I provide for my child. * Sunscreen Policy*: Please apply sunscreen at home for the morning, we will apply in the afternoon. We only provide sunscreen that you provide for your child. Sunscreen must be labeled with your child's name.

Parent Signature _____ Date _____

School Representative _____ Date _____