

ALL AUSTIN COOPERATIVE NURSERY SCHOOL
2301 HANCOCK DRIVE
AUSTIN, TX 78756
(512) 454-5315

2019-2020 ENROLLMENT FORM

Demographic Information			
Date of Admission: August 29, 2019			
Child's Name	Date of Birth		
Parent's Name	Phone Number		
Parent's Name	Phone Number		
Place of Employment	Parent's Name	Employer Name and Phone Number	Address
Person(s) to contact if parents can't be reached	Name	Phone Number	Address
I hereby authorize AACNS to allow my child to leave school ONLY with the following person(s)	Name	Phone Number	

Check all that Apply:	Yes	No
I have attended orientation and received the parent handbook that details the school's policies		
I authorize my child to be videotaped or photographed for educational, training or community outreach purposes as outlined in the AACNS Member Handbook		
In understand that personal information about my child such as full names and home addresses will not be given out without my consent		
I authorize my child to be sprayed with insect repellent containing DEET for outside play as recommended by the CDC to prevent infection with West Nile Virus		
I have provided AACNS with a copy of my child's most current immunization record		

Parent Signature _____

Date _____