ALL AUSTIN COOPERATIVE NURSERY SCHOOL 2301 HANCOCK DRIVE AUSTIN, TX 78756

2022-2023 ENROLLMENT FORM

Demographic Inform	mation		
Date of Admission:	September 6, 2022		
Child's Name		Date of Birth	
Parent's Name		Phone Number	
Parent's Name		Phone Number	
	Parent's Name	Employer Name and Phone Number	Address
Place of			
Employment			
	Name	Phone Number	Address
Person(s) to			
contact if parents can't be reached			
can e be readired			
		Name	Phone Number
I hereby authorize AACNS to allow my child to leave school ONLY with the following person(s)			
5 5 6 Persona(e)			
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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.		
I 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
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