

Discovery Learning Center

2314 Indian Trail Harker Heights, TX 76548 (254) 698-4610



Child's Full Name		
Birthday		
Address		
Child's Doctor &		
Phone #		
Preferred Hospital		
Allergies, Medications, and Health Concerns		
Mother's Name	Father's Name	
Phone #	Phone #	
Emergency	Emergency	
Contact	Contact	
Phone #	Phone #	
Emergency	Emergency	
Contact	Contact	
Phone #	Phone #	

I verify I have provided the correct and up-to-date information. I understand that every anniversary year that my child is in enrolled, I must take my child to their doctor for a complete physical in order to ensure continuous good health and safety for my child and the other students enrolled with DLC.

Information must be verified quarterly and certified with a parent's signature.

Parent's Signature	Parent's Signature
Printed Name	Printed Name
Date	Date
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Parent's Signature	Parent's Signature
Printed Name	Printed Name
Date	Date