

FALL REGISTRATION 2009 - 2010

Amt\$ _____

starting date: _____

Ck # _____

age as of Sept. 1, 2009 _____

Date: _____

Class: _____

Child's Full Name: _____ Boy or Girl

Nickname: _____ Date of Birth: _____

Home Address: _____ City: _____

Zip: _____ Home Phone: _____

Father's Name: _____ Mother's Name: _____

Employer: _____ Employer: _____

Business Phone: _____ Business Name: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

Do you go to Church? _____ Where? _____

How Often? _____

Brothers/Sisters: _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Please list persons other than yourself who will be authorized to pick up your child.

Your child will not be released to others without your permission:

1. _____ 2. _____

3. _____ 4. _____

Please list two persons to call in case you might not be reached in an emergency:

1. _____ Relation: _____ Phone: _____

2. _____ Relation: _____ Phone: _____

Day School 9:00 - 2:30 registration fee: \$50.00 (non refundable)

Circle days needed and add times needed

	Monday	Tuesday	Wednesday	Thursday	Friday
drop off:	am _____	am _____	am _____	am _____	am _____
pick up:	pm _____	pm _____	pm _____	pm _____	pm _____

+CARE is 7-9am and or 2:30-6pm (extended hours program)

OVER

Authorization for emergency medical attention:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Name of Licensed Physician: _____

Address: _____ phone: _____

OR (to name of hospital or clinic)

Tomball Regional Hospital 605 Holderrieth Tomball, Texas 77375 281-351-1623

I give consent for necessary emergency treatment for my child, _____
name of child

Medical Information

Allergies: food: _____

medication: _____

environmental or other: _____

Regularly administered Medication:

1. _____ 2. _____

How often? _____ Side effects of medication: _____

Has your child been hospitalized in the last 12 months? Yes or No

Signature-Parent or Legal Guardian Date

Water Activities: I hereby _____ give _____ do not give my consent for my child to in water activities:

_____ splashing pools _____ wading pools _____ other bodies of water provided by facility

Signature-Parent of Legal Guardian

Hearing and Vision Screening: I understand that the State of Texas requires all students four years old or older as of September 1, to have hearing and vision screening done yearly. I hereby give my consent to have the screening done at the school.

Signature-Parent of Legal Guardian

I have received the Day School handbook **yes** **no**

If any of the above information changes, it is the parents responsibility to notify the office immediately in writing.

Signature-Parent of Legal Guardian Date