

HOLIDAY ONLY

School Age Registration

Fall 2009-2010

Starting date: _____

Child's Full Name: _____ Boy or Girl

Nickname: _____ Date of Birth: _____ Grade for 09/10 year: _____

Home Address: _____

City: _____ Zip: _____ Home Phone: _____

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

Employer: _____ Employer: _____

Business Phone: _____ Business Phone: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

Circle days and add times needed:

	Mon	Tues	Wed	Thurs	Fri
Morning hours	am _____	am _____	am _____	am _____	am _____
Afternoon hours	pm _____	pm _____	pm _____	pm _____	pm _____

Brothers/Sisters _____ Age _____
_____ Age _____
_____ Age _____
_____ Age _____

Public School enrolled in : TOMBALL ELEMENTRY SCHOOL Phone: 281-357-3280

Address: 1100 Inwood Tomball Texas, 77375

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: _____

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** Address: **605 Holderrieth** Phone: **281-351-1623**

I give consent for necessary emergency treatment for my child _____
(Name of Child)

Medical Information:

- Allergies: Food - _____
- Medication - _____
- Environmental - _____
- Other - _____

Regularly administered Medication:

- 1. _____ How often: _____ Side effects: _____
- 2. _____ How often: _____ Side effects: _____

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

If yes, what for? _____

Immunization records are current and on file at **Tomball Elementary School**

Transportation: I hereby _____ *give* _____ *do not give* my consent for my child to be transported and supervised by the facility's staff and volunteers on field trips _____ sign

Water Activities : I hereby _____ *give* _____ *do not give* my consent for my child to participate in water activities: _____ **splashing pools** _____ **wading pools** _____ **other bodies of water** provided by the facility. _____ sign

Bus: I give permission for my child to be transported by **Tomball ISD** to and from Susanna Wesley Day School.
_____ sign

I have received the Day School handbook: Yes No

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

Signature: _____ Date: _____

