

# School Age Registration

Fall 2009-2010

Reg. Fee \$50.00

Ck# \_\_\_\_\_

Starting date: \_\_\_\_\_

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: \_\_\_\_\_  
Parent Signature

