



2014 - 2015
After School Program
Summer Program

Child \_\_\_\_\_, \_\_\_\_\_ M\_\_ F\_\_ Date of Birth \_\_\_\_\_
Last Name First Name

Mother

Last Name \_\_\_\_\_
First Name \_\_\_\_\_
TDL# \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ TX zip \_\_\_\_\_
Home Phone \_\_\_\_\_
Employed By \_\_\_\_\_
Business Phone (\_\_\_\_) \_\_\_\_\_
Pager or Mobile (\_\_\_\_) \_\_\_\_\_
Email \_\_\_\_\_

Father

Last Name \_\_\_\_\_
First Name \_\_\_\_\_
TDL# \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ TX zip \_\_\_\_\_
Home Phone \_\_\_\_\_
Employed By \_\_\_\_\_
Business Phone (\_\_\_\_) \_\_\_\_\_
Pager or Mobile (\_\_\_\_) \_\_\_\_\_
Email \_\_\_\_\_

Please list the names and telephone numbers of other persons to whom we may contact in case of emergency and to whom your child may be released. (State law requires that we have this information on file).

Name \_\_\_\_\_
Address \_\_\_\_\_
Phone (\_\_\_\_) \_\_\_\_\_
Alternate Number (\_\_\_\_) \_\_\_\_\_
Person may pick up my child at any time \_\_\_\_\_

Name \_\_\_\_\_
Address \_\_\_\_\_
Phone (\_\_\_\_) \_\_\_\_\_
Alternate Number (\_\_\_\_) \_\_\_\_\_
Person may pick up my child at any time \_\_\_\_\_

Allow alternate pick up people to designate other persons to pick up my child if they are unable. \_\_\_\_\_
OR

do not allow them to designate others instead call state protective services if I can not be reached. \_\_\_\_\_

I agree to pay each week on the first day my child attends during the week, a Weekly Tuition fee of \$\_\_\_\_\_ with no deductions for absence or holidays. If tuition is not paid prior to the close of business on the first day of attendance, a Late Payment fee of \$5.00 a day may be added to my child's tuition

I release the school, its directors and staff from any liability for injuries, accidents or illnesses occurring while attending a school program. I authorize the school to provide transportation for my child for all school activities when applicable and give my permission for my child to participate in water activities when under school supervision. I give permission for any pictures, videos, or movies to be taken of my child and for them to be posted on the school's website or school sponsored social media.

I plan to leave my child at school between the hours of \_\_\_\_\_ a.m. and \_\_\_\_\_ p.m.
Monday thru Friday \_\_\_\_\_ or Part Time - M T W T F (circle days of program)

Date of Admission \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Family Code Word \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

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**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

In the event that I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I authorize Five Star Montessori to take my child to:

Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Or to a licensed physician at any Hospital

Parent or Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Health Requirements**

Parents' Statement: My child has been examined by a health care professional within the past year and they have stated that my child is able to participate in a childcare program.

Copy of Shot Records or

Parents' Statement: My child's shot record and hearing and vision screening are current and is on file at the school that my child attends.

Name of Elementary School:

\_\_\_\_\_

Parent or Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_

Please list any special problems that your child may have such as allergies, existing illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, behavior issues or any other information that the staff should be aware of or check the statement below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ I am not aware of any allergies, behavior issues or medical problems.

**Parent's Handbook**

I have received the parent's handbook. I understand that verbal conversations are subject to misinterpretation and I will rely on the written policies in the parent handbook.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about the school? \_\_\_\_\_