

St. Timothy Cumberland Presbyterian Church Preschool

3001 Forest Ridge Dr. – P. O. Box 210338 – Bedford, TX. 76095-0338 – (817) 685-6751 Fax: (817) 571-7714

E-Mail: preschool@sttimothy-cpc.org

Katie Stewart, Director

ENROLLMENT FORM

NAME _____
Last First Middle

SEX _____ DATE OF BIRTH _____ HOME PHONE _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL ADDRESS _____

MOTHER'S NAME _____ DR. LIC # _____

ADDRESS _____ CITY _____ ZIP _____

(if different from above)

Place of Employment _____

Wk. Phone # _____ Cell Phone # _____

FATHER'S NAME _____ DR. LIC. # _____

ADDRESS _____ CITY _____ ZIP _____

(if different from above)

Place of Employment _____

Wk. Phone # _____ Cell Phone # _____

List names of persons authorized to pick up your child. Children will only be released to parents or to a person designated by the parents.

1. Name _____ Phone # _____ Driver's License # _____

2. Name _____ Phone # _____ Driver's License # _____

OR *"I do not want to designate anyone else to pick up my child at this time."* Initial _____ Date _____

Person to call in an emergency if parents cannot be reached:

Name _____ Phone # _____

Address _____

Relationship _____ Driver's License # _____

Physician _____ Telephone # _____

Address _____

FOR OFFICE USE ONLY DATE OF ADMISSION: _____ WITHDRAWAL: _____

Complete _____ Water _____ News _____ Dr.'s Note _____ Shot Records _____

Signature of Director _____

CHILD'S NAME _____ DATE OF BIRTH _____

FOR DEMOGRAPHIC USE

Church Affiliation (Baptist, Catholic, Methodist, Non-Denomination, etc.) _____

Current Church Home _____

PARENT ACKNOWLEDGEMENT

1. **RECEIPT OF WRITTEN OPERATIONAL POLICIES:**

I acknowledge receipt of the facility's operational policies including those for discipline and guidance.

2. **WATER ACTIVITIES:**

I give permission for my child to participate in water activities, wading pools and sprinklers only, on school grounds, and acknowledge that there is no lifeguard on duty.

3. **FOOD AND NUTRITION:**

With regards to food and nutrition, I recognize that as a parent when I choose to provide my child's meal from home, I understand that St. Timothy Preschool is not responsible for its nutritional value or for meeting my child's daily food needs.

4. **VIDEO AND IMAGE RELEASE:**

I hereby give my permission to St. Timothy to use my child's picture and/or video images on the following initialed lines:

__ school newsletter and website (newsletters will be published on the website)

__ school slideshows (shown at programs or other school events)

__ school photo display (located outside preschool office)

I also grant that the pictures may be used by the church or school in subsequent years with no monetary compensation to be paid. I understand my child's name will not be included on any of these publications.

5. **MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:**

- Mondays from: _____ to: _____
- Tuesdays from: _____ to: _____
- Wednesdays from: _____ to: _____
- Thursdays from: _____ to: _____
- Fridays from: _____ to: _____

Signature of Parent _____ Date _____

| | |
|---|------------------|
| DO NOT COMPLETE THIS PORTION AT INITIAL ENROLLMENT | |
| I have reviewed and/or updated my child's form. | |
| _____ Date _____ | _____ Date _____ |
| _____ Date _____ | _____ Date _____ |
| _____ Date _____ | _____ Date _____ |
| _____ Date _____ | _____ Date _____ |

This form is designed to meet legal requirements established HB 1452, Acts of the 61st Legislature, Regular Session, which provides that any person who has custody of a minor may give consent to medical care if the person has an affidavit signed by one or both parents authorizing the person to give consent.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In order to meet all legal requirements, I hereby authorize Jennifer Brooks, Debbie McIntire, Katie Stewart, Christina Mathews or any staff member representative(s) of St. Timothy Preschool, to give consent for any and all necessary emergency medical care for my child(ren) _____ while said child(ren) is (are) in said individual's custody. I will be responsible for all emergency care fees. All bills are to be sent directly to parent or guardian at the address stated below.

Signature of Parent or Guardian

Street

City

State

Zip

STATE OF TEXAS

COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this _____ day of _____ 20 _____

(Seal) _____

Medical Information

Allergies _____

Reactions _____

Existing illnesses _____

Previous illness/injury _____

Hospitalization during past 12 months _____

Medication for Long-Term Continuous Use _____