

# St. Timothy Cumberland Presbyterian Church Preschool

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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 # \_\_\_\_\_

Cell Phone Provider \_\_\_\_\_ (If you would like to receive text messages from school)

FATHER'S NAME \_\_\_\_\_ DR. LIC. # \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

(if different from above)

Place of Employment \_\_\_\_\_

Wk. Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Cell Phone Provider \_\_\_\_\_ (If you would like to receive text messages from school)

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)

\_\_ school social media pages

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 61<sup>st</sup> 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 Katie Stewart, Jennifer Brooks, Debbie McIntire, 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 \_\_\_\_\_