



THE YELLOW SCHOOL at MEMORIAL DRIVE PRESBYTERIAN CHURCH

11612 Memorial Drive, Houston, TX 77024

713-784-0820 • ys.mdpc.org

Date Admitted	Teacher			
Child's Name	Birth date			
Address	Zip	Phone		
Child lives with:	Both parents	Mom	Dad	Guardian
Mother Name	Email	Cell		
Address (if different from the child's)				
Father Name	Email	Cell		
Address (if different from the child's)				
Father's TDL#	Mother's TDL#			
In case of emergency, call and release (if parents/guardian cannot be reached):				
Name	Phone	Relationship		
Address				
Name	Phone	Relationship		
Address				
Any others to whom child may be released:				
Name	Address	Phone	Relationship	

PERMISSION AND AGREEMENTS

Initial all that apply:

1. Transportation: I give consent for my child to be transported and supervised by the operations' employees on field trips:
 yes no
2. Field Trips:
 I give consent for my child to participate in field trips.
 I **do not** give my consent for my child to participate in field trips.
3. Water Activities: I give my consent for my child to participate in the following water activities:
 water table play sprinkler play splashing/wading pools
4. I give my consent for my child's picture to be taken at Yellow School. _____

I have received a copy of the Yellow School Parent Handbook and agree to abide by the policies contained therein.

Signature – Parent of Legal Guardian

Date Signed

Gang Free Zone: Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Privacy Statement: DFPS values your privacy. For more information, read our Childcare Licensing's Privacy and Security Policy online at <http://www.dfps.state.tx.us/policies/privacy.asp>.

I hereby agree that in case of any illness or accident requiring a physician's immediate attention, and if I cannot be immediately contacted by the school, I authorize the person in charge of my child to take my child to:

(Physician's name, phone number, and address)

(Name of Emergency Care Facility, phone number, and address)

I give consent for Yellow School to secure all necessary emergency medical care for my child. If this physician cannot be reached, I give permission for a physician designated by the program to administer treatment at my expense. I understand and accept the policies of THE YELLOW SCHOOL at MDPC. The above permission is given, and agreement is made with THE YELLOW SCHOOL at MDPC, and I release the school from liability for any injury or illness resulting under all circumstances save gross negligence.

Name of Insurance Co.

Phone

Insurance Co. ID#

SUBSCRIBED AND ACKNOWLEDGED BEFORE ME THIS _____ DAY OF _____, 20 _____

Parent's or Guardian's Signature

Notary Public Signature

For Office Use Only

Class:

Print Name Here _____

My Commission Expires _____

MEDICAL INFORMATION

CHILD'S NAME

DATE OF BIRTH

MEDICAL HISTORY (may be completed by parents):

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illnesses, previous serious illness, injuries and hospitalizations during the past 12 months, any medications prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have any diagnosed food allergies? No Yes

If yes, what are they, and what are the reactions?

Allergy Action Plan submitted on:

Childcare operations are public accommodations under the American's with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of the Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature – Parent of Legal Guardian

Date Signed

DOCTOR'S STATEMENT: I have examined the above-named child within the past year and find that he/she is physically able to take part in a school program.

Physician's Signature

Date Signed

- A signed and dated copy of a health care professional's statement is attached.
- Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
- A signed and dated copy of a health care professional's statement is attached.

A COPY OF YOUR CHILD'S MOST RECENT IMMUNIZATION RECORD MUST ACCOMPANY THIS FORM AND BE SUBMITTED TO THE YELLOW SCHOOL OFFICE PRIOR TO THE FIRST DAY OF SCHOOL.

- I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccines.

Signature – Parent or Legal Guardian

Date Signed