

Admission Application for Wesley Methodist Day School Program 2020-2021

Please mark all boxes with the appropriate information, "n/a," or "none."

Child's Name		Preferred:	Date of Birth <i>mm/dd/yyyy</i>	Age <i>as of Sept 1</i>	Date of Admission 8-31-20
Address			City	State	Zip Code
Director Meredith Love					
Gender	Church Home, if any	Email		Home Phone Number	
Parent/Guardian				Mobile Number	
Place of Employment				Work Number	
Address if different from child				Other Number(s) While Child is in Care	
Parent/Guardian				Mobile Number	
Place of Employment				Work Number	
Address if different from child				Other Number(s) While Child is in Care	

Emergency Contacts

(Persons to call in an emergency if guardians cannot be reached. Persons are authorized to pick your child from school.)

Emergency Contact 1	Relationship	Address	Phone Number
Emergency Contact 2	Relationship	Address	Phone Number

Additional persons (not listed above) allowed to pick your child up from school

I hereby authorize Wesley Methodist Day School to allow my child to leave ONLY with the following persons.

Children will only be released to a parent or a person designated on this form after verification of ID.

Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Preferred Hospital	Address	City	Phone Number
Physician	Address	City	Phone Number

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent/Guardian Signature: _____

Medical History

FOOD or OTHER ALLERGIES, diagnosed by a Physician (Requires an additional form signed by doctor.)
OTHER special medical issues such as existing illness, previous serious illness/injuries/hospitalizations, medications.



This form is not complete without a parent/guardian signature on the Admission Agreement on the back of this page.

Office Use Only: Returning Student <i>Y N</i> Sibling <i>Y N</i> WUMC Member <i>Y N</i> Registration Fee \$ _____ Withdrawal Date _____	Total Paid: \$ _____ Cash, Credit, Check # _____ Date Received _____ by: _____ Admission Approved _____ by: _____
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Admission Agreement

My child is normally in the care of Wesley Methodist Day School during the following times:

- M-Th – 9:00 am to 1:45 pm.
- With an additional fee, I have the option to use the extended care. Hours are 8:00-9:00 am and 1:45-5:00 pm. M-Th.

I give consent for my child to:

- participate in water table play and
- be transported for emergency care/evacuation.

I am aware that Wesley Methodist Day School Program does not

- transport any child (except in emergency evacuation),
- participate in water activities (except water table play),
- serve meals to the children, or
- provide care for school-age children.

I agree to provide, by the first day of school,

- a current immunization record and
- a physician’s consent to attend preschool.

I understand I will receive a school calendar and parent handbook at “Meet the Teacher” in August that includes information on:

- | | |
|---|----------------------------------|
| • Discipline & guidance | • Release of children |
| • Suspension & expulsion | • Illness & exclusion criteria |
| • Emergency plans | • Medications |
| • Health checks & Immunizations | • Snacks & Meals |
| • Safe sleep | • Biting/Behavior Policy |
| • Procedures to discuss concerns | • Administration of Benadryl |
| • Procedures for parents to participate | • Procedures to visit the school |
| • Contact info for Licensing, DFPS, & Child Abuse Hotline | |

My signature assures that all the given information is true. If any of the information should change, I will notify personnel so that the changes can be made on all of my child’s records.



Signature: _____ **Printed Name:** _____ **Date:** _____

Required Notifications

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

Gang Free Zone: Under the Texas Penal Code, any area within 1000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

DFPS Privacy Statement: Department of Family Protective Services values your privacy. For more information, read their Privacy and Security Policy at www.dfps.state.tx.us/policies.asp.