

# Admission Application for Wesley Methodist Day School Program 2021-2022

*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 8-30-21
Address			City	State	Zip Code
Gender	Church Home, if any	Email		Home Phone Number	
<b>Parent/Guardian</b>				Mobile Number	
Place of Employment				Work Number	
Address if different from child				Other Number(s) While Child is in Care	
<b>Parent/Guardian</b>				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.)*

<b>Emergency Contact 1</b>	Relationship	Address	Phone Number
<b>Emergency Contact 2</b>	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 Y N    Sibling Y N WUMC Member Y N    Registration Fee \$	Total Paid: \$    Cash, Credit, Check # Date Received _____ by: _____ Admission Approved _____ by: _____
Withdrawal Date _____	

## 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 Parent Orientation 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](http://www.dfps.state.tx.us/policies.asp).