**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 *mm/dd/yyyy* | Age *as of Sept 1* | Date of Admission9-8-20 |
| 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 |
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|  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 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 “Meet the Teacher” in August that includes information on:

* Discipline & guidance
* Suspension & expulsion
* Emergency plans
* Health checks & Immunizations
* Safe sleep
* Procedures to discuss concerns
* Procedures for parents to participate
* Release of children
* Illness & exclusion criteria
* Medications
* Snacks & Meals
* Biting/Behavior Policy
* Administration of Benadryl
* 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 atwww.dfps.state.tx.us/policies.asp.