

**St. Barnabas UMC
Early Education Center**

Child's Name (First/Middle/Last) _____

Preferred Name _____ Admission Date _____

Date of Birth _____ Age on Sept. 1, 2011 _____ Sex _____

Home Address _____

City _____ Zip Code _____

Home Telephone No. _____ Cell Phone No. _____

E-Mail Address _____

Mother's Name _____ DL# _____

Employer _____ Business Phone _____

Employer Address _____

Father's Name _____ DL# _____

Employer _____ Business Phone _____

Employer Address _____

Child's special conditions _____

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which staff should be aware.

_____ I give _____/do not give _____ my consent for my child to participate in water activities.

_____ I give _____/do not give _____ my consent for my child's photograph to be used for public information on the EEC website or for other promotional materials.

To reserve a place in the program for your child, the registration/supply fee is due with this application form. The following forms **must** be completed and on file prior to the first day of class:

- (1) Emergency Medical Authorization; (2) Physician's Statement, signed by your child's doctor with an attached Immunization Record; (3) Student Release Authorization, (4) Volunteer Forms
Please make all checks payable to "St. Barnabas EEC".

"I agree to pay the registration/ supply fee at the time of enrollment. I understand the registration and supply fees are non-refundable. I agree to pay tuition on the first class day of every month, with a late fee of \$15.00 being assessed after the 10th of each month. An additional fee of \$25.00 will be assessed for any returned check."

Parent/Guardian

Signature _____ Date _____

*****FOR SCHOOL USE ONLY*****

Date Registration Fee Pd _____ Amt. Pd. _____ Ck# _____

St. Barnabas EEC

Student Information sheet

PARENTS,

We would appreciate it if you could help us serve you and your child better by providing some information about your child and your family.

Student's Name: _____ Birthday: _____ Sex: M/F

Names and ages of brothers or sisters:

1. _____ Age _____
2. _____ Age _____
3. _____ Age _____
4. _____ Age _____

What are your child's favorite activities, abilities or special interests? _____

Please list any major illnesses or accidents your child has had, or any allergies: _____

Does your child have any strong fears or dislikes? Please explain: _____

Has your child been enrolled in any other pre-school or day care program?

Religious preference/affiliation:

Thank you for taking the time to share this information with us.
It will be forwarded on to your child's teacher.

Student's Name _____

Phone _____

Mother's Name _____

Driver's License Number _____

Father's Name _____

Driver's License Number _____

The safety of the children enrolled in this program is of utmost importance to us. Please inform the school by phone, or in person, if one of the authorized persons will be picking up your child.

Who will usually pick up your child?

Is there anyone who, because of divorce, etc., may never pick up your child? If so, give name and explain: _____

List the names of each person, including parents, to whom the staff may release your child:

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Relationship _____ Relationship _____

DL# _____ DL# _____

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Relationship _____ Relationship _____

DL# _____ DL# _____

Important Note to Parents:

The following is a standard set by the City of Arlington. When emergency conditions require that a child be released to a person not identified in the release form, the Center shall require the parent's prior approval, which may be submitted by telephone. The parent, identified for security by the last four digits of their social security number, shall designate the person to whom the child may be released. The person to whom the child may be released must, in turn, provide the parent's four-digit number as identification, and shall be photographed by the Center and provide a signature on the photograph, which shall be retained by the Center for at least three months.

Parent's Signature _____ Date _____

St. Barnabas UMC EEC

EMERGENCY MEDICAL AUTHORIZATION

Child's Name _____ Date of Birth _____

Address _____ Phone # _____

Insurance Company _____ Group # _____

Name of Insured _____

Mother or Guardian _____

Employer _____ Phone # _____

Father or Guardian _____

Employer _____ Phone # _____

Person to notify other than parents in case of emergency:

Name _____ Phone # _____

I grant permission for the Director or acting director to take whatever steps necessary to obtain emergency medical care if I cannot be reached at the time of an illness or accident. These steps may include, but are not limited to the following:

1. Attempt to contact parent or guardian.
2. Attempt to contact the child's physician.
3. If the Director or acting Director cannot contact either of the above, they may do any or all of the following, as needed:
 - a. Call another physician or an ambulance, or
 - b. Have the child taken to the hospital located at 3301 Matlock Road, Arlington, Texas, in the care of a staff member.
4. The student's family will pay any and all expenses incurred under #3 above.
5. St. Barnabas EEC Preschool Program will not be responsible for false emergency medical information given at the time of enrollment.
6. I will ask my doctor to accept a call from the school in case emergency care is needed.

I also authorize St. Barnabas EEC Preschool Program to contact:

Dr. _____ Phone # _____

Address _____

Parent/Legal Guardian Signature _____ Date _____

Notarization: On this ____ day of _____, _____, _____

Sworn to and subscribed before me, by the said _____

Notary Public _____ Date _____