



# THE LITTLE SCHOOL at MEMORIAL DRIVE PRESBYTERIAN CHURCH

**Ashley Plaisance, Director**

11612 Memorial Drive, Houston, TX 77024  
713-490-9267

For Office Personnel			
Date Admitted	Date of Withdrawal	Teacher	
General Information			
Child's Full Name	Child's Date of Birth	Child lives w/ Mom Dad Guardian	Custody documents on file: Yes No
Child's Home Address			
Name of Parent or Guardian Completing Form		Address of Parent or Guardian (if different from the child's)	
List telephone numbers below where parents/ guardian may be reached while child is in care.			
Mom's Name	Mom's Phone #	Mom's Driver license #	Mom's Email
Dad's Name	Dad's Phone #	Dad's Driver License #	Dad's Email
In case of emergency, call and release to (if parents/ guardian cannot be reached):			
Relationship:		Driver's License #:	
Others whom my child may be released to (with valid ID):			
Name	Phone Number	Relationship	Driver License #
Name	Phone Number	Relationship	Driver License #
Name	Phone Number	Relationship	Driver License #
Name	Phone Number	Relationship	Driver License #

### Consent Information

Mark All That Apply:

#### 1. Transportation

I give consent for my child to be transported and supervised by The Little School's employees:  
For emergency care

#### 2. Water Activities

I give consent for my child to participate in the following water activities:  
Water Table Play      Sprinkler Play      Splashing/ Wading Pools

#### 3. Photo Permission

I give my consent for my child's picture to be taken at The Little School.  
Yes      No

#### Meals

I understand that the school does not provide any snacks or meals. All meals and snacks will be provided by me and given to my child while in care. I understand that by signing below, I am responsible for meeting my child's daily food needs and nutritional value.

\_\_\_\_\_  
**Signature - Parent or Legal Guardian**

\_\_\_\_\_  
**Date Signed**

**I have received a copy of The Little School Parent Handbook (Operational Policies) and agree to abide by the policies contained therein, including the following:**

Discipline and guidance; Suspension and expulsion; Emergency plans; Procedures for health checks; Procedure for parents to discuss concerns with the director; Promotion of indoor and outdoor physical activities including criteria for extreme weather conditions; Procedures for parents to participate in operation activities; Procedure for release of children; Illness and exclusion criteria; Procedures for dispensing medication (if applicable); Immunization requirements for children; Procedures to visit the center without securing prior approval; Procedures for supporting inclusive services; Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website.

\_\_\_\_\_  
**Signature - Parent or Legal Guardian**

\_\_\_\_\_  
**Date Signed**

### Authorization for Emergency Medical Attention

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

<b>Name of Physician</b>	<b>Address</b>	<b>Phone Number</b>
<b>Name of Emergency Care Facility</b>	<b>Address</b>	<b>Phone Number</b>

**The Little School at Memorial Drive Presbyterian Church**

**Child's Additional Information Section**

**Child's Name**

**Date of Birth**

Medical History (may be completed by parents or guardian):

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?

Yes      No      If yes, what are they, and the reactions?

Allergy Action Plan submitted on:

Childcare operations are public accommodations under the Americans 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**

**Admission Requirement**

One of the following must be presented when your child is admitted to The Little School within one week of the start of school.

Mark one option:

1. Signed Health Care Professional's Statement

**DOCTOR 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

2. A signed and dated copy of a health care professional's statement is attached.
3. 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.

## Requirements for Exclusion

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 90<sup>th</sup> day after the affidavit is notarized.

I have attached a signed and dated affidavit stating that the vision and/or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

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.**

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

### Additional Information Regarding Immunizations

For additional information regarding immunizations, visit the Texas Department of State Health Services website at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm).

### 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 relate to organized criminal activity are subject to harsher penalties.

### Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <http://hhs.texas.gov/policies-practices-privacy#security>

## Signatures

\_\_\_\_\_  
**Signature – Parent or Legal Guardian**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Signature - Director**

\_\_\_\_\_  
**Date Signed**