

# St. Barnabas UMC Early Education Center

Child's Name (First/Middle/Last) \_\_\_\_\_

Preferred Name \_\_\_\_\_ Admission Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age on Sept. 1, 2018 \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Cell Phone No. \_\_\_\_\_ Father's 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 enrollment 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

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 1st day of every month per signed agreement with Vanco Services, to be automatically deducted from my checking account. A fee of \$25.00 will be assessed for any NSF."

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Days requesting \_\_\_\_\_ Rise and Shine? Y/N \_\_\_\_\_ Stay and Play? Y/N \_\_\_\_\_  
(8:00 – 9:00 am) (2:30 – 5:00 pm)

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

Date Registration Fee Paid \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check No. \_\_\_\_\_

Days Attending MW MWF M-Th TTh TThF M-F Other \_\_\_\_\_ Rise and Shine? Y/N Stay and Play? Y/N

# St. Barnabas EEC Pick-Up Authorization

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 (provide documentation if necessary): \_\_\_\_\_  
\_\_\_\_\_

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

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_  
DL# \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_  
DL# \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_  
DL# \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_  
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 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 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 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 \_\_\_\_\_

## St. Barnabas EEC Health Statement

**Admission Requirement** One of the following must be presented when your child is admitted to St. Barnabas EEC or within one week of admission. **ONE OPTION MUST BE CHECKED AND SIGNED IF NECESSARY**

1.  **HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the named child within the past year and find that he/she is able to take part in the St. Barnabas EEC program.

\_\_\_\_\_

**Health Care Professional'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.
4.  My child has been examined within the past year by a health care professional and is able to participate in the preschool program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to St. Barnabas EEC.

**Name and Address of Health Care Professional:** \_\_\_\_\_

\_\_\_\_\_

**Signature—Parent / Guardian**

\_\_\_\_\_

**Date**

**\*\*\*\*Hearing and Vision:** All **4 year olds, Kindergarten, 1st, 3rd, 5th, & 7th grades** must have a copy of hearing and vision on file. You may provide our program with one from your health care professional, or your child must have it done at St. Barnabas EEC on a specified date (you will receive notice from us prior to this date).