

Parent Permission 2010-2011

Child's Name _____ Birthday _____

Please list persons approved to pick up your child at pick up time. This includes you, the parent, as well as others you have chosen. **A Child will Not be released to any one not listed unless specific permission is given.**

1. **Name** _____ **Phone** _____

2. **Name** _____ **Phone** _____

3. **Name** _____ **Phone** _____

4. **Name** _____ **Phone** _____

5. **Name** _____ **Phone** _____

Occasionally, we send a photo of our students to area newspapers or use the photos in our brochures or websites. Do you give permission for your child's photo to be used in these ways?
_____ **Yes** _____ **No**

I give my permission for my child to walk with his/her class on an excursion/field trip, which is within reasonable walking distance of St. John's Methodist School for Little Children. Information outlining details will be given well in advance of any trip.
_____ **Yes** _____ **No**

From time to time we may use Yardguard or a similar product to spray our playground for mosquitoes; this is done well before the children go outside. My child may play on the playground after the spraying is completed.
_____ **Yes** _____ **No**

When mosquitoes are a problem, would you give permission for Children's Off to be sprayed on your child? _____ **Yes** _____ **No**

Do you give permission for a staff member to apply sun block to your child?
_____ **Yes** _____ **No**

Parent/Guardian Signature: _____

Date: _____

ST. JOHN'S METHODIST SCHOOL FOR LITTLE CHILDREN
400 JACKSON RICHMOND, TEXAS 77469
Ph 281-342-7971 Fax 281-232-3225

Child's Name _____ Birthday _____

Please have your child's doctor complete and SIGN this page and return it to the office.
This page MUST be returned to the school office the first week the child attends our school.

***I have seen this child within the last six months, and he/she is in good health.**

Physician's Signature _____ Date _____

(We are required to have this statement signed by your child's doctor and keep it on file; thank you.)

*Vision and Hearing Screenings are mandatory for 4 yr. olds and Kindergarten students, but are recommended for 3 yr. olds. These may be done at your doctor's office or during a screening done at the school for a fee.
 *All students must provide an immunization record. This is required to attend our program.

Vision:

Age _____
 Date _____
 Results _____

Hearing:

Age _____
 Date _____
 Results _____

Fill in the age and date for each immunization your child has received.

Hepatitis B	#1	#2	#3		
Age					
Date					
DTaP	#1	#2	#3	#4	Booster
Age					
Date					
Hib	#1	#2	#3	#4	
Age					
Date					
IPV	#1	#2	#3	Booster	
Age					
Date					
PCV	#1	#2	#3	#4	
Age					
Date					
MMR	#1	Booster			
Age					
Date					
Varicella	#1				
Age					
Date					
Hepatitis A	#1				
Age					
Date					

Personal Information Sheet 2010-2011

Child's Name _____ **Birthday** _____

Father/Guardian

Last Name First Middle

Home Address City State Zip

Home Phone Cell Phone

Employer Occupation

Business Address Business Phone

Mother/Guardian

Last Name First Middle

Home Address City State Zip

Home Phone Cell Phone

Employer Occupation

Business Address Business Phone

Please check all that apply: Father is deceased ___ Parents are separated ___ Father has custody ___
Mother is deceased ___ Parents are divorced ___ Mother has custody ___

Other children in family (Please give names and ages) _____

Religious preference _____ **Church** _____

Does your child have any special need of which we should be aware?(speech, food allergy, etc) Yes ___ No ___
If yes, please explain _____

Please write about your child (Is he or she shy, outgoing, happy, etc.). Also, please tell us what you would like your child to gain from his or her preschool experience. _____

How did you learn about St. John's School? _____

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EMERGENCY MEDICAL AUTHORIZATION

Child's Name _____ **Birthday** _____

Parent/Guardian #1 Name: _____

Home #: _____ **Work#:** _____ **Cell #:** _____

Parent/Guardian #2 Name: _____

Home #: _____ **Work#:** _____ **Cell#:** _____

Emergency Contacts (to whom the child may be released if guardian is unavailable)

Name #1: _____

Home #: _____ Work#: _____ Cell# _____

Name #2: _____

Home #: _____ Work#: _____ Cell# _____

Child's Preferred Sources of Medical Care

Physician's Name: _____

Address: _____ Phone #: _____

Dentist's Name: _____

Address: _____ Phone#: _____

Preferred Hospital: _____

Address: _____ Phone#: _____

Child's Health Insurance

Insurance Plan: _____ ID#: _____

Subscriber's Name (on insurance card): _____

Special Instructions, Allergies, Disabilities, or Medical Emergency

Information: _____

What medications does your child take regularly? _____

Parent/Guardian Consent and Agreement for Emergencies:

As parent/guardian, I consent to have my child receive first aid by facility staff, or another licensed physician or dentist if preferred practitioner is not available; and if necessary, my child may be transported to receive emergency care. I give consent for the emergency contact person listed above to Act On My Behalf until I am available.

Parents are responsible for all emergency transportation charges and any other charges not covered by their insurance.

Parent/Guardian Signature: _____

Notary **County**

State **Date**

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Registration Payment Plans for 2010-2011

Please read through the following plans carefully, and then indicate which plan you will be using for registration for the upcoming 2010-2011 school year. If you have any questions, please stop by or call the school office.

_____ Plan 1

The sum of one month's tuition (including Child Care) + registration fee + supply fee will be paid in full at time of registration, when registration is done on or before May 31, 2010. Your child's place in our program will be secured. You will earn a \$50.00 credit on your fees for October.

_____ Plan 2

The sum of one month's tuition (including Child Care) + registration fee + supply fee will be divided into 2 equal payments. One of these equal payments will be paid at time of registration. The remaining payment will be paid on or before May 31, 2010. You will earn a \$25.00 credit on your fees for October.

_____ Plan 3

The sum of one month's tuition (including Child Care) + registration fee + supply fee will be divided into 2 equal payments. One of these equal payments will be paid at time of registration. The remaining payment will be paid on or before July 31, 2010. If second payment is not received by July 31, 2010, your child's place in our program will not be reserved.

_____ Plan 4

The sum of one month's tuition (including Child Care) + registration fee + supply fee will be paid in full at time of registration, when registration is done after July 31, 2010. Your child's place in our program will be secured.

- *Discount credits will only be given on Plan 1 and Plan 2
- *Please note that in all these plans, your supply fee is the only portion that will be refunded.
- *The tuition payment made at registration will cover Aug. & Sept.
- *Tuition will be paid a total of nine times throughout the school year.
- *Payment Breakdown: 1-registration 2-Oct. 3-Nov. 4-Dec. 5-Jan. 6-Feb. 7-March 8-April 9-May

Signed _____ Date _____