

ALAMO HEIGHTS PRESBYTERIAN CHURCH DAY SCHOOL

2023-2024

Enrollment Form

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|---|-----------------------|
| Child's Name: | Child's Birth Date: |
| Nick name or preferred name: | Child's age 8/07/23: |
| Address: | Boy Girl T-Shirt Size |
| City: Zip Code: | Mom's Cell: |
| Date of Admission: | Mom's Work: |
| Date of Withdrawal: | Dad's Cell: |
| Program (Circle) Full-Time MWF TTH After School | Dad's Work: |

REFERRED BY: _____

Elementary After-School Program:

My child attends _____ Grade (2023-2024 School Year): _____ August 7-11 Day Camp? Y / N

Yes No Child's immunization record is on file at the school and all required immunizations and TB tests are current & Vision and hearing screening records are on file at the Elementary School listed above.

Main Email Address for School Updates: _____

Please indicate whom we contact first if we need to call you on the phone

Mother/ Guardian Name Contact First?

Father/ Guardian Name Contact First?

Parents: Married Divorced Separated Widowed

Previous Child Care Attended:

Siblings: Name Age School Attending

| Name | Age | School Attending |
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I hereby authorize AHPCDS to release my child to the following individuals:

1. Name Phone#

State/DL# Relationship

2. Name Phone#

State/DL# Relationship

Person to call in case of emergency (when parents cannot be reached):

THE ADDRESS MUST BE COMPLETED

| | | |
|---|---------|----------------------------|
| 1. Name | Phone# | Relationship to your child |
| Address | | |
| 2. Name | Phone # | Relationship to your child |
| Address | | |
| 3. Name | Phone# | Relationship to your child |
| Address | | |
| <p>List any special needs that your child may have, such as allergies, special needs or accommodations, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, or any pertinent information our staff should be aware of to properly care for your child. Please write NONE if N/A.</p> <p>_____</p> | | |

Authorization for Emergency Medical Attention:

In the event that I cannot be reached or cannot decide on emergency medical attention at the time of illness or accident, I authorize AHPCDS staff to take my child to the facility listed below or to the closest medical facility to authorize medical personnel to provide necessary treatment.

Doctor _____ Address _____ Phone# _____

Hospital _____ Address _____ Phone# _____

Parent's Signature _____
Date

Activity and Release Acknowledgements: Please x choice

Church Facility: I hereby () give () do not give consent for my child to attend chapel daily in the Church Sanctuary. I hereby () give () do not give consent for my child to participate in other activities held in the Fellowship Hall, Pioneer Room, Kitchen, or 3rd-floor activity room with AHPCDS teacher supervision.

Transportation Release: I hereby () give () do not give consent for my child to be transported and supervised by AHPCDS staff or authorized parent(s) to and from field trip destinations.

Picture Release: I hereby () give () do not give my consent for my child's picture to be used on the Instagram page, the **AHPCDS** school newsletters, emails, videos, and/or the website.

Water Release: I hereby () give () do not give my consent for my child to participate in supervised splash water activities.

Phone Number/Email/Address Release: I hereby () give () do not give my consent to publish my information for school purposes only.

Food: () I will provide my child's meals and/or snacks from home. I understand AHPCDS is not responsible for its nutritional value or for meeting my child's daily food needs.

() I have received and read the AHPCDS Parent Handbook.

Parent's Signature _____
Date

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