



**THE LITTLE SCHOOL at MEMORIAL DRIVE PRESBYTERIAN CHURCH**

**Ashley Plaisance, Director**

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

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

**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

**I have received a copy of The Little School Parent Handbook and agree to abide by the policies contained therein.**

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

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

**Authorization for Emergency Medical Attention**

I hereby agree that in case of any illness or accident requiring a physician's immediate attention, and if I cannot be immediately contacted by the school, I authorize the person in charge of my child 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>

I give consent for The Little School to secure all necessary emergency medical care for my child. If this physician cannot be reached, I give permission for a physician designated by the program to administer treatment at my expense. I understand and accept the policies of THE LITTLE SCHOOL at MDPC. The above permission is given, and agreement is made with THE LITTLE SCHOOL at MDPC, and I release the school from liability for any injury or illness resulting under all circumstances save gross negligence.

Name of Insurance Co.
Insurance Co. ID #
Insurance Phone #

**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, list the food allergies and associated reactions below. 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.
4. My child has been examined within the past year by a health care professional and is able to participate in the school program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to The Little School.

## 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