



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

**Tara Riebschlaeger, Director**

11612 Memorial Drive, Houston, TX 77024  
713-784-0820

**For Office Personnel**

<b>Date Admitted</b>	<b>Date of Withdrawal</b>	<b>Teacher</b>
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**General Information**

Child's Full Name	Child's Date of Birth	Child Lives With			
		Both Parents	Mom	Dad	Guardian

Child's Home Address
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Name of Parent(s) or Guardian Completing Form	Address of Parent(s) or Guardian (if different from child's)
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**List telephone numbers below where parents/ guardian may be reached while child is in care.**

Mom's Name and Phone #	Mom's Driver License #	Dad's Name and Phone #	Dad's Driver License #
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Mom's Email	Dad's Email	Custody Documents on File
		Yes      No

In case of emergency, call and release to (if parents/ guardian cannot be reached):	Relationship
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**Others whom my child may be released to (with valid ID):**

Name	Phone Number	Driver License #
Name	Phone Number	Driver License #
Name	Phone Number	Driver License #
Name	Phone Number	Driver License #
Name	Phone Number	Driver License #

**Consent Information**

Mark All That Apply:

**1. Transportation**

I give consent for my child to be transported and supervised by The Yellow School's employees:

For emergency care      On Field Trips

**2. Field Trips**

I **GIVE** consent for my child to participate in field trips.

I **DO NOT** give consent for my child to participate in field trips.

**3. Water Activities**

I give consent for my child to participate in the following water activities:

Water Table Play      Sprinkler Play      Splashing/ Wading Pools

**4. Photo Permission**

I give my consent for my child's picture to be taken at The Yellow School.

Yes      No

**I have received a copy of The Yellow 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:

Name of Physician	Address	Phone Number
Name of Emergency Care Facility	Address	Phone Number

I give consent for Yellow 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 YELLOW SCHOOL at MDPC. The above permission is given, and agreement is made with YELLOW 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 Yellow 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 American's 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 Yellow 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 Yellow 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 YELLOW 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 relates 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**