A+ PREP SCHOOL

Admission Information - (Please Print)

(Preschool Program)

Program(s) selected: _____ Date of Admission:_____

(A) Referred by: _____

Student's Name: _____ Birth Date: _____ Sex: M F

Student's Address:_____ City:_____Zip: _____ Phone:( ) _____

(B)

Mother's or Guardian's Name	Texas D.L. No.	Social Security #
Address (if different from child)	Zip Code	Phone#
Place of Employment:		
Address of Employer:		
Work Phone: ext. Cellular Phone#		

Father's or Guardian's Name	Texas D.L. No.	Social Security #
Address (if different from child)	Zip Code	Phone#
Place of Employment:		
Address of Employer:		
Work Phone: ext. Cellular Phone#		

Marital Status of Parents: Married ( ) Separated ( ) Divorced ( ) Widowed ( )
If divorced, who has custody? Mother ( ) Father ( ) Guardian _____

(C) Person(s) to be notified in case of Emergency: (Other than parents)

Name: _____ Relationship: _____ Work Phone: _____

Address: _____ Home Phone: _____

Texas D.L. No. _____ Cellular Phone: _____

Name: _____ Relationship: _____ Work Phone: _____

Address: _____ Home Phone: _____

Texas D.L. No. _____ Cellular Phone: _____

A+ PREP SCHOOL is to allow this child to leave the school facility ONLY with the following persons:
( ) Mother ( ) Father ( ) Guardian ( )emergency contact(s) listed above and -

Name: _____ Texas D.L. No. _____Phone#_____

Name: _____ Texas D.L. No. _____Phone#_____

Name: _____ Texas D.L. No. _____Phone#_____

(D)PERTINENT HEALTH INFORMATION:List and explain any health conditions or required medications i.e. heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic condition.

_____

_____

DOCTOR: 1st choice _____ Phone# _____

Address: _____

2nd choice _____ Phone# _____

Address: _____

DENTIST: _____ Phone# _____

Address: _____

CLINIC/HOSPITAL: _____ Phone# _____

Address: _____

I, the undersigned, do hereby authorize employees of A+ PREP SCHOOL to contact directly the persons and health care providers named on this form, and do authorize the named physicians, clinics and/or hospitals to render such treatment as may be deemed necessary for the transportation and health care of said child. In the event the physicians, other persons named on this form or parents can't be contacted, the school employees are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid child. I will not hold the school financially responsible for the emergency care and/or transportation for said child.

I request that the physicians, dentists and staff of the medical facility perform any diagnostic pro-operative procedures and x-ray treatments and anesthetics as may be necessary in the diagnosis and procedures, treatment of my child. I authorize the medical facility to dispose of any specimen or tissue taken from named person.

I certify I am a parent with legal parental custody of the child, the child's legal guardian, or have other court control of the child. I understand that I must notify A+ PREP SCHOOL in writing to change any information on this form or to revoke any consent given herein.

_____ _____

Printed Name of Parent/Guardian Signature of Parent or Legal Guardian

_____ _____

Printed Name of Student Date

(E) PUBLICITY RELEASE INFORMATION:

I understand that various photographs may be taken by the school. I give my permission for (student name) _____ picture(s) to be used at the discretion of the program staff.

_____ _____

Parent/Guardian Signature **Date**

(F) "SCHOOL POLICIES AND PROCEDURES" for this specific program attached.

I have read and agree to follow all the A+ PREP SCHOOL policies and procedures as required.

_____ _____

Parent/Guardian Signature **Date**

(G) "FIELD TRIP(S)-the notice will be posted in the school for 48 hours prior to the trip taken place.

I hereby ( ) give ( ) do not give my consent for my child to participate in the field trips.

I hereby ( ) give ( ) do not give my consent for my child to participate in water activities.

_____ _____

Parent/Guardian Signature **Date**

(H) IMMUNIZATION VERIFICATION/HEALTH REQUIREMENTS:

Up-to-date information is required to keep on file, separate form is attached for completion.

_____ _____

Parent/Guardian Signature **Date**

(I) " Discipline Guidelines for School Sponsored Transportation" is attached.

*** PLEASE ATTACH A COPY OF YOUR CURRENT MEDICAL INSURANCE CARD. Thank You!**