

2011-2012 Registration Packet

Name _____ Male Female DOB _____
 Prefers to be called _____ Age as of Sept. 1, 2011 _____
 Address _____ Start Date _____
 City _____ State _____ Zip _____ Program 9 Months (Aug-May) 12 Months
 Primary language spoken in home _____ Schedule 7a-6p 9a-6p 7a-2:30p 9a-2:30p
 Child lives with Father Mother Both Other

<i>Primary parent contact will receive monthly tuition statement</i>	<input type="checkbox"/> PARENT <i>Primary</i>	<input type="checkbox"/> PARENT <i>Primary</i>
First and Last Name		
Address (if different from child)		
Home Phone		
Employer		
Work Phone		
Cell Phone/Pager		
Email		

Emergency Contacts & Releases

- **Parents are contacted first in emergency situations.**
- Please put contacts in the order to be contacted in case of an emergency if parents cannot be reached.
- Mark contacts as release only if you do not wish for them to be contacted in an emergency.
- Students will only be released to parents and persons authorized below by the parent.
- Release contacts must be 18 years of age and able to provide photo ID upon pick-up.

Release Only	Emergency Contact /Release	NAME	PHONE	RELATIONSHIP TO CHILD
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

I hereby give consent for...

- Yes No **School Directories:** my family's contact information to be published in the school directory and/or a classroom directory.
- Yes No **Electronic Communication:** BMWS to send electronic communications regarding program updates, classroom news, general school news, etc. to both parents.
- Yes No **Media:** photographs or videos taken of my child to be used for the purpose of education, information, training, and publicity; including, but not limited to the BMWS website.
- Yes No **Mosquito Repellent & Sunscreen:** BMWS employees and volunteers to apply sunscreen and/or mosquito repellent that I provide to my child before participating in outdoor play.
- Yes No **Water Activities:** my child to participate in water activities: sprinkler play, water table.

I have received...

- Yes No **Parent Handbook:** a copy of the Parent Handbook containing policies on tuition, fees, discipline, illnesses, medication etc. I agree to comply with all policies set forth in the BMWS Parent Handbook.

For Office Use Only

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> New Student | <input type="checkbox"/> BMWS Staff | <input type="checkbox"/> Supply Fee received |
| <input type="checkbox"/> Returning Student | <input type="checkbox"/> BUMC Staff | <input type="checkbox"/> Registration Fee received |
| | <input type="checkbox"/> BUMC Member | <input type="checkbox"/> Last Month's Deposit received |

Start Date _____
 Schedule _____
 Class _____
 Tuition _____

Emergency Medical Release

Child's Name _____ Date of Birth _____ Gender _____

Mother _____ Phone _____ Cell _____

Father _____ Phone _____ Cell _____

In the event that I cannot be reached to make arrangements for emergency care I authorize BMWS to take my child or to secure emergency medical transportation for my child to:

	Child's Physician	Preferred Hospital
Name		
Address, City, Zip		
Phone		

The undersigned hereby understands and acknowledges that medication and emergency medical procedures may be administered to a child only with written authorization of a licensed physician, parent, or legal guardian. In consideration of the foregoing, the undersigned hereby authorizes Bethany Methodist Weekday School and/or its authorized representatives to seek and approve appropriate emergency medical attention for the child listed above.

Signature of Parent/Legal Guardian _____ Date _____

Printed Name _____

On this _____ day of _____, 20____, before me, the undersigned authority on this day personally appeared the above signed, known to me to be the person whose name is subscribed to herein and acknowledged to me that he/she executed this instrument for the purposes and considerations contained therein.

Notary Public in and for the State of Texas

Physician's Release

The following information must be provided for all students annually **by the child's physician or his/her medical staff.**

- Yes No Existing illness/medical condition _____
- Yes No Known Allergies and/or Special dietary needs _____
- Yes No Previous serious illness / injuries or hospitalization _____
- Yes No Long term medication _____
- Yes No Diagnosis of physical/mental impairment and/or special needs _____
- Yes No Prohibited activities _____

I have examined this child within the past 12 months and find that he/she is able to participate in the preschool program at Bethany Methodist Weekday School. Date of last examination _____

Physician's Signature _____ Date _____

Attach current copy of child's immunization record

I certify the information provided is true and complete to the best of my knowledge and belief. I understand I am responsible for updating information changes in a timely manner to ensure BMWS remains in compliance with all state requirements.

Signature of Parent/Guardian _____ Date _____