



BETHANY METHODIST
Weekday School

Child's Name: _____ Date of Birth _____

- Yes No **School Directories:** I hereby give consent for BMWS to publish my family's contact information in a school directory and/or a classroom directory.
- Yes No **Media:** I hereby give my consent for photographs or videos taken of my child to be used for the purpose of education, information, training, and publicity; including, but not limited to BMWS website.
- Yes No **Water Activities:** I hereby give consent for my child to participate in water activities: sprinkler play, water table.
- Yes No **Mosquito Repellent & Sunscreen:** I give my consent for BMWS employees and volunteers to apply sunscreen and/or mosquito repellent that I provide to my child before participating in outdoor play
- Yes No **Tuition and Fee Policy:** I have received and read a copy of the BMWS Tuition and Fee Policy. I agree to comply with all policies regarding tuition and fees.
- Yes No **Parent Handbook:** I have received and read a copy of the BMWS Parent Handbook. I agree to comply with all policies set forth in the BMWS Parent Handbook.
- Yes No **Discipline Policy:** I have received and read a copy of the BMWS Discipline Policy.
- Yes No **Illness & Medication Policy:** I have received and read the BMWS Illness Policy. I agree to comply with all policies regarding illness and medication.

Committees: Parental involvement is vital to the success of BMWS programs and events. We understand that your time is valuable so we have designed our committees with that in mind. Please indicate which committees or events you will participate in.

Please check all that apply

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> PTA | <input type="checkbox"/> Teacher Appreciation | <input type="checkbox"/> Organize Spring Event |
| <input type="checkbox"/> Room Parent | <input type="checkbox"/> Organize Fall Event | <input type="checkbox"/> Other |

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 _____

CONTINUE ON NEXT PAGE



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Emergency Medical Release

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

NOTE: It is only necessary that one parent or legal guardian execute this instrument on behalf of the child.

Child's Name _____ Date of Birth _____ Gender _____
Address _____ City _____ State _____ Zip _____
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:

Name of Physician and/or Medical group _____
Address _____ City _____ State _____ Zip _____
Phone _____

Preferred hospital in an emergency _____
Address _____ City _____ State _____ 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



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Physician's Release

The following information must be provided for all students annually **by the child's physician or his/her medical staff**. Please complete and return to the school registrar along with a current immunization record if child is NOT registered in *Immtrac* Texas Immunization Registry.

Child _____ Date of Birth _____ Gender _____

	Yes	No	Description
Existing illness/medical condition	<input type="checkbox"/>	<input type="checkbox"/>	_____
Long term medication	<input type="checkbox"/>	<input type="checkbox"/>	_____
Previous serious illness / injuries	<input type="checkbox"/>	<input type="checkbox"/>	_____
Special dietary needs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Prohibited activities	<input type="checkbox"/>	<input type="checkbox"/>	_____
Previous hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diagnosis of physical/mental impairment and/or special needs	<input type="checkbox"/>	<input type="checkbox"/>	_____

Date of last examine _____

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.

Physician's Signature _____ Date _____