



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

Tara Riebschlaeger, Director

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

For Office Personnel Only			
Date Admitted	Date of Withdrawal	Teacher/ Class	
General Information			
Child's Full Name	Child's Date of Birth	Child Lives With Both Parents Mom Dad Guardian	
Child's Home Address			
Name of Parent(s) or Guardian Completing Form		Address of Parent(s) or Guardian (if different from child's)	
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 #
Mom's Email	Dad's Email	Custody Documents on File Yes No	
In emergency, call and release to (if parents/ guardian cannot be reached):		Relationship	Driver License #
Address			
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 #	

Consent Information

Mark All That Apply (1-6):

1. Transportation

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

YES NO

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 for (please mark the following):

Yearbook Memory Books ProCare (current families only) Class purposes

5. REACH Escort Permission

My child has permission to be picked up by the REACH coaches at the Yellow School and be transported to the REACH class they are registered for.

My child DOES NOT have permission to be picked up by the REACH coaches at the Yellow School and be transported to the REACH class they are registered for.

***If it is raining too hard for the Reach teacher to escort the kids across the parking lot safely, the parents will be contacted, and the parents' options are:**

1. Pick your child up from Yellow School and bring him/her to the Reach class.
2. Pick your child up before 2:50 or you will be charged for after school care at the Yellow School.

6. Meals

I understand that the school does not provide any snacks or meals. All meals and snacks will be provided by me and given to my child while in care. I understand that by signing below, I am responsible for meeting my child's daily food needs and nutritional value.

Signature - Parent or Legal Guardian

Date Signed

I have received a copy of The Yellow School Parent Handbook (Operational Policies) and agree to abide by the policies contained therein, including the following:

Discipline and guidance; Suspension and expulsion; Emergency plans; Procedures for health checks; Procedure for parents to discuss concerns with the director; Promotion of indoor and outdoor physical activities including criteria for extreme weather conditions; Procedures for parents to participate in operation activities; Procedure for release of children; Illness and exclusion criteria; Procedures for dispensing medication (if applicable); Immunization requirements for children; Procedures to visit the center without securing prior approval; Procedures for supporting inclusive services; Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website.

Signature - Parent or Legal Guardian

Date Signed

Authorization for Emergency Medical Attention

Child's Full Name:

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 The 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 #

Copy of insurance card below

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, what are they, and the reactions?

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 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 90th 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.

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