Precious Stones
PRESCHOOL & DAYCARE

1407 Victory Lane, Alvin, TX 77511 281-756-0990

REGISTRATION FORM

DATE OF ADMISSION_____

PERSONAL INFORMATION

CHILD'S NAME_____ BIRTHDAY_____

CHILD'S STREET ADDRESS_____CITY_____ZIP_____

HOURS AND DAYS CHILD WILL BE IN CARE_____

MOTHER AND FATHER *or* GUARDIANS NAME_____

EMAIL ADDRESS_____

MAILING ADDRESS
(If different from above)_____

MOTHER'S EMPLOYER_____ PHONE_____

FATHER'S EMPLOYER_____PHONE_____

MOTHER'S CELL_____ FATHER'S CELL_____

MOTHER'S TDL#: _____ FATHER'S TDL#: _____

How did you hear about us? (If parent referral, please write name below, so we may show our appreciation.)

_____

_____

EMERGENCY INFORMATION

CHILD'S NAME_____ DATE OF BIRTH_____

CHILD'S ADDRESS_____

FATHER'S PHONE #_____MOTHER'S PHONE #_____

IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED, GIVE NAME OF PERSON TO BE CONTACTED:

NAME_____

PHONE NUMBERS_____

RELATIONSHIP_____

AUTHORIZATION FOR MEDICAL ATTENTION:

IN THE EVENT THAT I CANNOT BE REACHED TO MAKE ARRANGEMENT FOR EMERGENCY MEDIAL ATTENTION, I AUTHORIZE THE FACILITY OR PERSON IN CHARGE TO TAKE MY CHILD TO:

NAME OF LICENSED PHYSICIAN: _____

COMPLETE ADDRESS: _____

PHONE NUMBER: _____

OR:

NAME OF HOSPITAL: _____

ADDRESS: _____

PHONE NUMBER: _____

I GIVE MY CONSENT FOR NECESSARY EMERGENCY TREATMENT WHEN MY CHILD IS IN CARE AT THIS PHYSICIAN'S OFFICE AND/OR HOSPITAL/CLINIC.

_____ _____

Signature of Parent or Legal Guardian Date

LIST ANY SPECIAL PROBLEMS YOUR CHILD MAY HAVE, SUCH AS ALLERGIES, EXSISTING ILLNESS, PREVIOUS SERIOUS ILLNESS, INJURIES DURING LAST 12 MONTHS, MEDICATIONS FOR LONG TERM CONTINUOUS USE, AND ANY OTHER INFORMATION STAFF SHOULD BE AWARE OF:

_____

_____

ADMISSION REQUIREMENTS

CHILD'S NAME_____ DATE OF BIRTH_____

ONE OF THE FOLLOWING MUST BE PRESENTED WHEN YOUR PRE-SCHOOLAGE OR INFANT CHILD IS ADMITTED TO THE DAY CARE FACILITY.

1. **Doctor's Statement:** I have examined the above named child within the past year and find that he/she is physically able to participate in a day care program.

   _____ _____
   Physician Signature Date

2. A copy of the medical screening form from the early and Periodic Screening Diagnosis and Treatment (EPSDT) Program. (This is acceptable if no further diagnosis and treatment is indicated.

3. A form or written statement from a health service or clinic.

YOUR DOCTOR'S OFFICE CAN FAX US A STATEMENT REGARDING THE ABOVE TO:
281-331-2653

IF YOU DO NOT HAVE ANY OF THE ABOVE, THE FOLLOWING WILL BE ACCEPTABLE FOR NOW WITH THE ABOVE BEING PROVIDED WITHIN THE NEXT WEEK:

PARENT'S STATEMENT: My child has been examined within the past year by a licensed physician and is able to participate in the day care program.

Name and address of physician or screening site:

_____

_____

_____
Parent signature

NOTE: YOU MAY SUBMIT A MACHINE COPY OF YOUR IMMUNIZATION RECORD SIGNED OR STAMPED BY A PHYSICIAN OR HEALTH PERSONNEL

SCHOOL AGE CHILDREN:
MY CHILD'S IMMUNIZATION/HEALTH RECORDS ARE ON FILE AT THE SCHOOL AND ALL IMMUNIZATIONS AND HEALTH INFORMATION IS CURRENT.

MY CHILD ATTENDS:
Name of school and address Phone Number

_____ _____

_____

CHILD'S NAME_____DATE OF BIRTH_____

RELEASE INFORMATION:

I HEREBY AUTHORIZE PRECIOUS STONES PRESCHOOL TO ALLOW MY CHILD TO LEAVE THE DAY CARE FACILITY ONLY WITH THE FOLLOWING PERSONS:

NAME: _____ TELEPHONE_____

NAME: _____ TELEPHONE_____

NAME: _____ TELEPHONE_____

NAME:_____ TELEPHONE_____

NAME:_____ TELEPHONE_____

NAME:_____ TELEPHONE_____

TRANSPORTATION: I UNDERSTAND THAT MY CONSENT *MAY BE REQUESTED* FOR MY CHILD TO BE TRANSPORTED AND SUPERVISED BY THE FACILITIES STAFF ON FIELD TRIPS AND/OR TO/FROM SCHOOL. I WILL BE GIVEN THE OPPORTUNITY TO APPROVE OR DISAPPROVE OF EACH ACTIVITY. (Must have signature)

_____ _____
Signature Date

WATER ACTIVITIES: I UNDERSTAND THAT MY CONSENT *MAY BE REQUESTED* FOR MY CHILD TO PARTICIPATE IN WATER ACTIVITES AS PROVIDED BY PRECIOUS STONES PRESCHOOL. I WILL BE NOTIFIED AS TO THE SPECIFICS OF THE ACTIVITY AND GIVEN THE OPPORTUNITY TO APPROVE OR DISAPPROVE OF EACH INDIVIDUAL ACTIVITY. (Must have signature)

_____ _____
Signature Date

LIABILITY WAIVER: I, THE UNDERSIGNED PARENT OR GUARDIAN OF THE ABOVE CHILD, HOLD "PRECIOUS STONES PRESCHOOL" OR ANY OF IT'S STAFF, HARMLESS FOR ANY AND ALL INJURIES ARISING WHILE THEIR CARE.

_____ _____
Signature Date

FACILITY PERMISSIONS: I GIVE MY PERMISSION FOR PRECIOUS STONES PRESCHOOL TO UTILIZE THE FACILITIES AVAILABLE TO THEM WITH MY CHILD IN ATTENDANCE. I UNDERSTAND TTAHT THIS INCLUDES VICTORY CAMP, LIVING STONES CHRISTIAN SCHOOL, AND LIVING STONES CHURCH GROUNDS AND FACILITY.

_____ _____
Signature Date

CHILD'S NAME_____ DATE OF BIRTH_____

PARENT OR GUARDIAN COMPLETING THIS FORM

_____
Please print

RELATIONSHIP TO CHILD

_____
Please print

I ATTEST THAT ALL OF THE INFORMATION PROVIDED TO PRECIOUS STONES PRESCHOOL IS ACCURATE AND IS NOT MISLEADING IN ANY WAY. I WILL KEEP PRECIOUS STONES PRESCHOOL INFORMED OF ANY CHANGES THAT MAY OCCUR WHILE MY CHILD IS ENROLLED AT THEIR FACILITY.

_____ _____
Signature-Parent/Guardian Date