

Fee Paid _____
___ cash ___ check # _____
Date _____
Session: JUNE JULY
Weeks: 1 2 3
4 5 6

# Explore the Globe



## 2018 Summer Camp Enrollment

*Fees paid are non-refundable.*

Child's Full Name \_\_\_\_\_

Name Called \_\_\_\_\_

Age of child on Sept 1 \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Male / Female

*Circle 1<sup>st</sup> contact phone number. Do not list phone numbers twice.*

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Phone Number # \_\_\_\_\_

Father's Name \_\_\_\_\_ Driver License # \_\_\_\_\_

Cell # \_\_\_\_\_ E-mail \_\_\_\_\_

Work # \_\_\_\_\_ Place of Employment \_\_\_\_\_

Mother's Name \_\_\_\_\_ Driver License # \_\_\_\_\_

Cell # \_\_\_\_\_ E-mail \_\_\_\_\_

Work # \_\_\_\_\_ Place of Employment \_\_\_\_\_

Siblings also attending camp:

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

**\*\*\* Attach a copy of your child's immunization record if this record is not currently on file at Angel Creek Preschool.**

## Release and Consent Agreements

Child's Name \_\_\_\_\_

**Please initial/sign where applicable**

### **Parent Handbook**

\_\_\_\_ I have access to *Angel Creek Preschool's* Handbook via [AngelCreekPreschool.org](http://AngelCreekPreschool.org) website. I am expected to read and comply with all relevant policies. I have been given opportunity to discuss any questions or concerns for clarity with the supervisor of the program.

### **Audio/Visual Taping & Photography Consent**

On occasion *Angel Creek Preschool* employees may photograph, video tape or voice record the children during school sponsored activities, for use with class projects and historical photo documentation for parents to enjoy. These photographs may be placed in publicly visible areas of the school, which are shared areas also used by the St. Ann Catholic Parish. These pictures will not be utilized for our school web site, promotional brochures or other printed media without receiving additional and specific permissions from a parent/guardian.

As the State of Texas does not prevent videotaping or the photographing of children/youth (with the exception of Senate Bill I, section 26.009, which deals specifically with school districts), it does encourage parental consent. Additionally, current photographs may assist law enforcement agencies dealing with the Missing Children's Program.

\_\_\_\_ **I DO**    \_\_\_\_ **I DO NOT**    give consent to the use of such material in which my child may appear.

I release *Angel Creek Preschool* and all of its personnel, whether paid or volunteer, from any and all claims, actions, causes of action, and liability connected with the use of my child's picture, video or voice recording as part of any of the above or similar activities.

### **Water Activities Consent**

\_\_\_\_ **I DO**    \_\_\_\_ **I DO NOT**    give consent for my child to participate in water activities limited to sprinkler play, water toy play, and/or water table play.

### **Nutrition Release**

\_\_\_\_ **I understand** *Angel Creek Preschool* will provide a snack each day of attendance.

**I will not** hold *Angel Creek Preschool* or others accountable for meeting the nutritional needs of my child.

**Dietary Restrictions:** \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

**Medical Release**

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

PCP Address: \_\_\_\_\_

I know that my child, \_\_\_\_\_, has a pre-existing medical or psychological condition that makes him or her more susceptible to injury, illness, or death. This includes, but is not limited to allergies, asthma, existing illness, previous serious illness and injuries, hospitalizations during the past 12 months, and any medications prescribed for continuous, long term use.

\_\_\_\_\_ **NO KNOWN CONDITIONS** Or \_\_\_\_\_ **The condition is as follows:**

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Other: \_\_\_\_\_

**Medications needed at school require additional paperwork and release forms.**

*Please provide additional medical professional information as necessary due to your child's unique medical needs including any specialists and/or therapists that we may need to contact to serve your child's best interests. No contact with a medical professional will be made by this agency without first obtaining specific written permission from a parent/guardian.*

\_\_\_\_\_ **I agree** to notify *Angel Creek Preschool* immediately should any such medical or psychological condition arise or should there be any change in my child's condition after the date of this release. I understand that this release is not limited to the above described condition.

\_\_\_\_\_ *Angel Creek Preschool* **is authorized** to obtain emergency transportation to and/or emergency medical care for the above listed child at the nearest hospital's emergency room, or at the emergency room the EMS/Ambulance Service is required to transport patients to at the time of emergency.

*Angel Creek Preschool* complies with all laws and regulations regarding servicing children with special needs including but not limited to the Americans with Disabilities Act. *Angel Creek Preschool* will provide a reasonable accommodation for those children who have a documented disability and whose parents work closely with *Angel Creek Preschool* to determine a reasonable accommodation.

**Liability Release**

In consideration of the child care services provided I hereby release and hold harmless *Angel Creek Preschool* and all of its personnel, whether paid or volunteer, from any and all claims, actions, causes of action, and liability for any property damage or personal injury illness or death of my child. This signed statement shall not release any person or persons from liability for any injury, illness, or death caused by their willful or intentional acts.

***This Release and Consent Agreement expresses the complete understanding of the parties. Signing acknowledges that I read, understand and accept the Audio/Visual Taping & Photography Consent, Water Activity Consent, Nutritional Release, Emergency Transportation Release, Medical Release, and Liability Release as stated.***

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

## AUTHORIZATION TO RELEASE CHILD

CHILD'S NAME: \_\_\_\_\_

In case of an emergency, if I am unable to pick up my child or I cannot be reached, I authorize *Angel Creek Preschool* to release the above referenced child to the following persons. I understand that no further written authorization from me is required for my child to be released to one of the persons listed herein. **I understand that additions or deletions to this list must be submitted in writing for this agency to honor them.** Parents, due to the nature of the parental relationship, need not be included on this form. Parents, as a matter of law, are afforded the right of immediate access to their children while attending *Angel Creek Preschool*. Please refer to the Parent Handbook for more information on the Release of Children and Custody Orders. If there is an issue with a parent picking up this child please discuss the issue with the center director so the appropriate documentation can be obtained. I also authorize the following persons to receive information regarding the wellbeing, behavior or any other information relevant to my child's care at the time my child is placed in their care.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

**You must list at least two local contacts other than parents.**

NAME:	RELATIONSHIP TO CHILD:
DRIVERS LICENSE NO.:	HOME PHONE:
CELL PHONE:	WORK PHONE:
ADDRESS:	

NAME:	RELATIONSHIP TO CHILD:
DRIVERS LICENSE NO.:	HOME PHONE:
CELL PHONE:	WORK PHONE:
ADDRESS:	

Is there a custody order on file with The State of Texas? (circle)      YES    NO    PENDING

*\*If circled YES, a current copy of your court order MUST be attached*

*Angel Creek Preschool* will follow a court order exactly as written. If your family has a court order on file, please provide us with the most recent copy. PLEASE NOTE: PER STATE LAW, IN THE ABSENCE OF A COURT ORDER, BOTH PARENTS HAVE EQUAL RIGHTS. All enrollment forms should be completed with both parent's information. If a custody issue creates a risk or disruption to our program, facility, clients, or staff, *Angel Creek Preschool* has the right to terminate care.