

Good Shepherd Episcopal School

Enrollment Packet

2019-2020



Please complete and return all forms at registration

Registration Begins Monday, February 25, 2019 @ 8:30 am

2929 Woodland Hills Drive

Kingwood, Texas 77339

281-359-1895



General Information

Child's Legal Name _____

Name Called _____ Birthdate _____
(Month / Day / Year)

Address _____
Street City Zip

Home Phone _____ Cellular Phone _____

Father's Name _____ Office Phone _____

Occupation _____

Religious Affiliation _____

Mother's Name _____ Office Phone _____

Occupation _____

Religious Affiliation _____

Other adults living in family home _____

Student Lives With: Mother / Father Mother/Stepfather
 Father / Stepmother Mother Father Other

Other children in family:

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____

In case of an emergency or illness, someone other than parents that would be willing to pick up your child.

Name _____ Phone _____

Address _____ Relationship _____

Name _____ Phone _____

Address _____ Relationship _____

What previous preschool experience does your child have?

Child's playmates: Older_____ Younger_____ Same Age_____

Does your child have any physical disabilities? _____

List any serious accidents the child has had _____

Any operations _____

Has there been any illness or changes in the usual routine or environment recently that may have affected your Child?

Does your child have any specific fears or reactions?

In the space below, please tell us any special things about your child (what makes him/her sad, mad, happy, etc.) which you think would help us to get to know him/her better and assist us in planning sessions to include his/her favorite or most needed activities.

Parent Signature_____

Date: _____



SCHOOL YEAR 2019-2020 CLASS REGISTRATION

Child's Name _____

Male/Female _____

Age as of Sept. 1, 2019 _____ Birthdate _____

Parents' Name _____

Address _____

City _____

Zip Code _____ E-Mail _____

Home Phone _____ Cell Phone _____

Returning student? _____ Member of Good Shepherd? _____

Sibling of a Former Student? _____

Days and Time of class requested: _____

Please Note: All registration fees are non-refundable.

Office Use Only

Date of Registration _____

Class Assignment _____

Payment Form _____



Permission to Photograph

There are many great photo opportunities in the course of a school day.

Some pictures are used in the classroom, some are displayed in the hallway, on the school website, and social media accounts. Pictures posted on the internet will **never** include your child's name.

I give permission for my child's picture to be displayed in the school/church area.

I give permission for my child's picture to be posted on the Good Shepherd website and other social media accounts.

Child's Name

Parent's Signature

Date



Authorization for Emergency Medical Care

Child's Name _____

Date of Birth: _____ Age: _____

Address _____
Street City Zip

Home Phone: _____ Cellular Phone: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Local friend or close relative _____

Address: _____

Home Phone: _____ Cellular Phone: _____

Any known allergies requiring special attention: _____

Any restrictions that should be observed: _____

Date of last Tetanus shot: _____

Prescriptions taken on a regular basis: _____

Physician: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

Hospital preference: _____

Health Insurance Group: _____ Number _____

I hereby waive any claim against the Good Shepherd Episcopal Church / School.

I hereby grant permission for the Director, Staff person, teacher, Priest, or an authorized counselor to take whatever steps which may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact parents or guardians through the numbers listed on this form.
2. Attempt to contact the child's physician.
3. If we cannot contact you or your child's physician, we will do any one or all of the following:
 - a. call another physician or paramedics,
 - b. call an ambulance,
 - c. Have the child taken to an emergency hospital in the company of a staff member.
4. Any expenses incurred under 3 above will be borne by the child's family.
5. The church will not be responsible for anything that may happen as a result of false or omitted information given at the time of registration.

Signature of parent or guardian

Date

STATE OF TEXAS

COUNTY OF HARRIS

Before me, the undersigned authority, on this day personally appeared

known to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this ____ day of _____, ____.

Notary Public

(Seal)



MEDICAL AND HEALTH FORM

Student's Name: _____ **School Year:** _____

All Good Shepherd students must meet the minimum state vaccine requirements for Texas child-care facilities. If you need more information about the minimum requirements, please contact the office.

ADMISSION REQUIREMENT: When your child is admitted to our school, you must complete and present this form along with a copy of an immunization record signed or stamped by a physician or health professional.

Note: If medical diagnosis and treatment and/or immunizations conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form. If immunization would be injurious to your child or family, you must obtain a certificate (signed by a physician) to that effect and attach it to this form.

Please check, sign and date one of the following:

Doctor's Statement: I have examined the above-named child within the past year and find that he/she is physically able to take part in this program.

Physician's Signature _____ Date _____

Parent's Statement: My child has been examined within the past year by a licensed physician and is able to participate in this program. Within the next 12 months, I will obtain a physician's statement and submit it to the school.

Parent's Signature _____ Date _____



Student's name _____

School Year _____

ARRIVAL & DEPARTURE REGULATIONS

Please list below the person(s) other than yourself who will be responsible for bringing and picking up your child (or children) each day to school. Please include a phone number (and cellular phone number if available).

- | | |
|----------|-------------|
| 1. _____ | Phone _____ |
| 2. _____ | Phone _____ |
| 3. _____ | Phone _____ |
| 4. _____ | Phone _____ |
| 5. _____ | Phone _____ |

Your child will only be released to these people. If there is anyone else who will be picking your child up or bringing him/her to school, you must notify the school in advance.

You must be sure the teacher is aware of your child's arrival and departure. No child should be allowed to enter the school building without parent or responsible adult, nor should a child be left in a classroom when a teacher is not present.

If this information should change during the school year, it is imperative that you update records in the office.