



2018-19 Application

TUESDAY/THURSDAY PROGRAM (6 weeks – Pre-K)
Tuition and payment options are listed in policies & procedures.

- 9:00 - 2:30 (2 days per week)
9:00 – 2:30 (1 day per week) This option is NOT available for Pre K.

\_\_\_ Tuesday or \_\_\_ Thursday

Date Received: \_\_\_\_\_ (OFFICE USE ONLY)

Child's Full Name \_\_\_\_\_ Goes By \_\_\_\_\_

DOB \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_ IMMUNIZATION REC'D \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Child lives with: \_\_\_\_\_ Special Concerns: \_\_\_\_\_

Parents:
Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Mom's Work: \_\_\_\_\_ Father's Work: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Siblings Name & Date of Birth: \_\_\_\_\_

EMERGENCY INFORMATION: (In case of an emergency, if family cannot be reached, notify :)

1. \_\_\_\_\_
Relation: \_\_\_\_\_
Address: \_\_\_\_\_
Phone: \_\_\_\_\_

2. \_\_\_\_\_
Relation: \_\_\_\_\_
Address: \_\_\_\_\_
Phone: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_

Dr. Phone # \_\_\_\_\_

Insurance Provider: \_\_\_\_\_
Policy Holders Name: \_\_\_\_\_
Group # \_\_\_\_\_
Dates of coverage: \_\_\_\_\_

Insurance Phone # \_\_\_\_\_
Policy Holders DOB \_\_\_\_\_
Policy # \_\_\_\_\_

**RELEASE NOTICE**

My child may be released to the following people: Both parents: \_\_\_\_\_ Yes \_\_\_\_\_ No (If no, explain)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

My child CANNOT be released to the following people:  
Please provide court documentation if custody is restricted by a parent.

Name \_\_\_\_\_ Name \_\_\_\_\_

**PARENT/GUARDIAN PERMISSION**

I, the undersigned, being the parent or legal guardian of the child named below, give permission for our child/minor to attend and participate in Dallas Bay Weekday Preschool during the 2018-19 school year. I certify that my child/minor is physically fit and adequately prepared to participate in this program.

**MEDICAL TREATMENT AUTHORIZATION**

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation in Dallas Bay Weekday Preschool; every reasonable effort will be made to contact the parent/guardian and emergency contacts listed. If unsuccessful in contacting the persons listed, consent/permission is hereby given for treatment by competent medical personnel. Furthermore, unless specified otherwise, consent/permission is hereby given to all accompanying adult staff or volunteer leaders to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery as recommended by qualified medical personnel. If possible, the adult leader should make final decisions in cooperation with medical personnel. I agree that my insurance company will be used for such medical care expenses, and I am aware that I may be billed by the medical provider for any medical treatment expenses not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any and all medical bills.

**LIABILITY RELEASE**

(I), the undersigned, do hereby release, forever discharge and agree to hold harmless Dallas Bay Church and Weekday Preschool, its directors, employees, volunteers, and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by the undersigned and the Participant(s) while involved in Dallas Bay Weekday Preschool. Furthermore, we (I) {and on behalf of our (my) minor Participant(s)} hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation at Dallas Bay Weekday Preschool involved therein. The undersigned further hereby agree to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant(s), including expenses incurred attendant thereto.

**PHOTOGRAPH WAIVER**

By signing this document I give consent for my child/minor to be photographed, videotaped or filmed while participating in Dallas Bay Weekday Preschool, and for the resulting images to be used by Dallas Bay Church for promotional purposes. I also allow the church to post photos and video to various social media.

**THIS FORM MUST BE SIGNED BY A LEGAL GUARDIAN. IN THE EVENT THAT THE LEGAL GUARDIAN IS NOT THE CHILD'S PARENT, WE MUST RECEIVE DOCUMENTATION OF GUARDIANSHIP.**

NAME OF MINOR \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN NAME PRINTED \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

**THIS APPLICATION WILL BE VALID FROM AUGUST 1<sup>ST</sup>, 2018 – MAY 31<sup>ST</sup>, 2019.**