

Glenwood Private School
912 West Lewis Street
Conroe, Texas 77301
(936) 756 - 1223

Child's Name: _____ Date of Birth: _____

Home Address: _____

Primary phone: _____ Secondary phone: _____

Date of Enrollment: _____ Age at Enrollment: _____

Mom name and work phone: _____

Dad name and work phone: _____

Contact Email: _____

Please list all persons allowed to pick up your child from Glenwood Private School and their phone number and address for emergencies.

Please list any problems that your child may have such as allergies, existing illnesses, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information in which the staff should be aware.

Check all that apply:

1. Transportation:

I hereby give do not give – my consent for my child to be transported and supervised by Glenwood Private School's staff on field trips.

2. Water Activities:

I hereby give do not give – my consent for my child to participate in water activities.

splashing pools wading pools swimming pools

3. Field Trips:

I hereby give do not give – my consent for my child to participate in field trips.

Parent comments: _____

4. School Age Children: My child attends the following school and his/her immunization record is on file at the school and all immunizations and tuberculosis test are current.

HEALTH REQUIREMENTS

Name of child: _____ Date of Birth: _____

Authorization for Emergency Medical Attention:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Glenwood Private School's director or person in charge to take my child to:

Name of Hospital: _____ phone #: _____

Address: _____

Name of Physician: _____ phone #: _____

Address: _____

I give consent for Glenwood Private School to secure any and all necessary emergency medical care for my child.

Signature – parent or legal guardian

Admission Requirement:

The following items must be presented when your child is admitted to the child care facility or within two weeks of admission.

Doctor's Statement: I have examined the above named child within the past year and find that he/she is seen regularly by our office, is free of communicable diseases, and is able to take part in the day care program. You may either obtain this statement or provide a copy from your child's physician's office.

Physician's Signature

Date

A copy of your child's immunization records, updated as he/she gets older.

If you do not have the above:

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 address of EPSDT Screening Site:

Within the next 12 months, I will obtain a physician's statement, a copy of the medical screening form from the EPSDT Program, or a form or statement from a health service or clinic and will submit it to the day care facility.

Signature – Parent or Legal Guardian

Date

Parent's Acknowledgement

Glenwood Private School tuition is due promptly. Full tuition is due from the first instructional day in August through May. No discount is given for absences, illness, vacation, holidays, or days Glenwood is closed. I understand and accept this tuition policy.

Parent Signature

Date

I have received a copy of Glenwood Operating Policy.

Parent Signature

Date

I give Glenwood Private School permission to post pictures of my child on their website at www.glenwoodprivateschool.com and on bulletin boards around the school.

Parent Signature

Date