

Admission Information for Wesley Methodist Day School 2024-2025

Please mark all boxes with the appropriate information or "n/a."

Child's Name		Preferred:	Date of Birth <i>mm/dd/yyyy</i>	Age <i>as of Sept 1</i>	Date of Admission 8/26/2024
Address			City	State	Zip Code
Gender	Church Home, if any	Email		Home Phone Number	
Mother/Guardian				Mobile Number	
Place of Employment				Work Number	
Address if different from child				Other Number(s) While Child is in Care	
Father/Guardian				Mobile Number	
Place of Employment				Work Number	
Address if different from child				Other Number(s) While Child is in Care	

Custody documents on file, if applicable.

Emergency Contact

(Person to call in an emergency if guardians cannot be reached. Person is also authorized to pick up your child from school.)

Emergency Contact 1	Relationship	Address	Phone Number
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Additional persons (not listed above) allowed to pick your child up from school

*I hereby authorize Wesley Methodist Day School to allow my child to leave with the following persons.
Children will only be released to a parent or a person designated on this form after verification of ID.*

Name 1/Relationship	Phone Number	Name 3/Relationship	Phone Number
Name 2/Relationship	Phone Number	Name 4/Relationship	Phone Number

Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Preferred Hospital	Address	City	Phone Number
Physician	Address	City	Phone Number

I give consent for Wesley Methodist Day School to secure any and all necessary emergency medical care for my child.

Parent/Guardian Signature: _____

Medical History

Special Care Needs (check all that apply)		
<input type="checkbox"/> Limitations/restrictions on child's activities <input type="checkbox"/> Reasonable accommodations/modifications <input type="checkbox"/> Symptoms/indications of complications <input type="checkbox"/> Injuries/hospitalizations in the past 12 months <input type="checkbox"/> Medications prescribed for long-term use	<input type="checkbox"/> Adaptive equipment <input type="checkbox"/> Existing illness <input type="checkbox"/> Previous serious illness <input type="checkbox"/> Environmental allergies <input type="checkbox"/> Food intolerances	<input type="checkbox"/> Other _____ Please be prepared to provide WMDS with appropriate paperwork of any diagnosed needs.
Does your child have diagnosed FOOD or OTHER ALLERGIES?		
<input type="checkbox"/> No <input type="checkbox"/> Yes – Please provide a copy of diagnosed allergies/plan. Date Allergy Emergency Plan signed by Physician: _____		

➡ This form is not complete without a parent/guardian signature on the Admission Agreement on the BACK OF THIS PAGE.

Office Use Only: Returning Student <i>Y N</i> Sibling <i>Y N</i> WMC Member <i>Y N</i> Registration Fee \$ _____	Total Paid: \$ _____ Cash <input type="checkbox"/> CC <input type="checkbox"/> Check # _____ Date Received _____ by: _____ Admission Approved _____ by: _____
Withdrawal Date _____	

Admission Notifications & Agreement

My child is normally in the care of Wesley Methodist Day School and receives a parent-provided snack and lunch during the following times – Please check what applies to your child:

- ___ Monday through Thursday – 9:00 AM – 1:45 PM.
- ___ Extended care option – 7:50 AM – 5:00 PM.

I give consent for my child to:

- participate in water table play
- be transported for emergency care/evacuation.

I am aware that WMDS does not

- transport any child (except in emergency evacuation),
- participate in water activities (except water table play),
- participate in field trips,
- serve meals to the children, or
- provide care for school-age children.

I agree to provide, by the first day of school,

- a current immunization record or affidavit and
- a physician's consent to attend preschool.

I acknowledge that I will receive, by the first day of school, a parent handbook with operational policies. This includes information on:

- | | |
|--|---|
| ○ Discipline & guidance | ○ Release of children |
| ○ Suspension & expulsion | ○ Illness & exclusion criteria |
| ○ Emergency plans | ○ Medications |
| ○ Health checks & Immunizations | ○ Snacks & Meals |
| ○ Safe sleep | ○ Procedures to visit the school |
| ○ Procedures to discuss concerns with the director | ○ Inclusive services |
| ○ Promotion of physical activity including criteria for extreme weather conditions | ○ Contact info for Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website |
| ○ Procedures for parents to participate | |

American Disabilities Act: I understand that child daycare operations are public accommodations under the Americans with Disabilities Act (ADA) Title III. If I believe that such an operation may be practicing discrimination in violation of Title III, I may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Gang Free Zone: Under the Texas Penal Code, any area within 1000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

HHSC Privacy Statement: Health and Human Services Commission values your privacy. For more information, read their Privacy and Security Policy at <https://hhs.texas.gov/policies-practices-privacy#security>.

Immunization Information: For information regarding immunizations, visit www.dshs.state.tx.us/immunize/public.shtm.

My signature confirms that all the given information is true. If any of the information should change, I will notify personnel so that the changes can be made on my child's records. My signature also confirms that I am aware of all WMDS policy notifications per the yearly school handbook.

Signature: _____ **Printed Name:** _____ **Date:** _____