

SOCIAL MEDIA

I GIVE MY PERMISSION FOR SFLC TO INCLUDE PICTURES ON OUR WEBSITE, FACEBOOK, TWITTER AND INSTAGRAM.
___ YES ___ NO

DIRECTORY & CLASS ROSTERS

I GIVE MY PERMISSION FOR SFLC TO INCLUDE DIRECTORY INFORMATION IN THE SCHOOL DIRECTORY AND CLASS ROSTERS CONCERNING MY CHILD'S NAME, ADDRESS, PHONE #, & PARENT'S NAMES
___ YES ___ NO

FIELD TRIPS/WATER PERMISSION

1. School for Little Children HAS MY PERMISSION to transport my child for field trips.
(Parents will be notified of field trips in advance.) ___ YES ___ NO
2. School for Little Children HAS MY PERMISSION for my child to participate in water activities.
___ YES ___ NO

RELEASE OF LIABILITY

This child has my permission to attend any and all activities approved by the school off the premises requiring motor vehicle transportation and/or walking. I understand that, as with any other form of consideration of services provided by SFLC, (name of parents) _____, have this day released and by these presents do hereby forever release, acquit and forever discharge the SFLC and First United Methodist Church, their respective boards of directors, ministers, agents, servants and employees, and all person, natural or corporate, in privity with them or any of them, from any and all claims or causes of action of any kind whatsoever, at common law, statutory, or otherwise that (name of parents) _____, or (name of child) _____ have or might have, known or unknown, now existing or that may arise at any time hereafter, directly or indirectly, attributable to any accident or injury resulting from attendance or transportation to or from SFLC.

CONTRACTUAL AGREEMENT

School for Little Children Board Policy:

Tuition is due the first of every month, is NON-REFUNDABLE, and is considered late after the 10th of each month. A \$25.00 late fee will be added to your statement if tuition is late. It is the responsibility of the parent to pay the tuition and any late fees. **If tuition is more than one month late, you will be asked to withdraw your child unless prior arrangements have been made with the director and approved by the SFLC Board. The registration/supply fee is non-refundable.** If classes are dropped, full tuition is due unless the office is notified prior to the 1st of the month.

1. This agreement is a contract binding both school and parent.
2. The contract may be terminated by the SCHOOL at any time if the child is unable to adjust or participate in group activities, and by the PARENT only with a written request to the school director stating specific reason for withdrawal.
3. If any of the above information changes, the parent will inform the school and update this form as needed.
4. The parent agrees to pay all tuition fees and late fees.

PARENT/GUARDIAN _____
Print Name Signature Date

SPECIAL EMERGENCY REFERRAL INSTRUCTIONS

In the event that I and/or the persons listed below cannot be reached or make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize School for Little Children to take my child to the following doctor and/or clinic/hospital and UNDERSTAND THAT I WILL BE FINANCIALLY RESPONSIBLE. In the event of minor injury, first aid will be administered and parent will be contacted. I AM FINANCIALLY RESPONSIBLE FOR ALL INJURIES OCCURRING WHILE AT SCHOOL FOR LITTLE CHILDREN.

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

In case of an **emergency** in which the parents cannot be reached, please call:

Name Complete Physical Address Phone Number Relationship

1. _____

2. _____

Doctor _____ Address _____ Phone (____) _____

Please choose hospital:

- Good Shepherd 700 E. Marshall Ave., Longview, TX 75601 903-315-2000
- Longview Regional Medical 2901 N. 4th St., Longview, TX 75604 903-758-1818

ADULTS TO WHOM MY CHILD MAY BE RELEASED

Name Complete Physical Address Phone Number Relationship

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

These persons (other than parents) are authorized to pick up my child. The persons listed above are the ONLY persons to whom School for Little Children will release your child. Changes in this list must be made in writing and given to the director. If you call the school and request someone other than the above persons to pick up your child, the school will need to verify your identity and the identity of the person who comes to pick up your child. A child brought to school must be left in the presence of a staff member. Complete Physical Address and Phone Numbers must be filled out.

Over- PLEASE FILL OUT INFORMATION ON REVERSE SIDE OF APPLICATION

SFLC ADMISSION INFORMATION HEALTH HISTORY FORM

Child's Name: _____
Parent/Guardian Name: _____

Birth Date: _____
Relationship: _____

Check the correct answers to the following questions. Give a brief explanation under COMMENTS for any YES answer.			
Does the child have any of the following?	YES	NO	COMMENTS
a. Vision problem?			
b. Hearing problem?			
c. Speech or language problem?			
d. Physical illness or impairment problem?			
e. Mental, emotional or behavioral problem?			
f. Developmental delay?			
g. Transitional problem?			
h. Other? (if YES, specify) <i>(i.e. existing illness, previous serious illness, etc.)</i>			
i. Health condition which may require care or emergency action? <i>(If YES, specify, e.g. seizures, diabetes, etc.)</i>			
j. Any hospitalizations or injuries during the past 12 months?			
k. Does the child have up-to-date immunizations?			
l. Is the child currently taking any medications? <i>(Prescribed for long-term continuous use.)</i>			

This child is otherwise in good physical and mental health. This child is also free of Communicable disease and may participate fully in all activities.

YES	NO

 NO SPECIAL MEDICAL CONDITIONS (please check if there is nothing to report)

 NO ALLERGIES (please check if there is nothing to report)

List any and all allergies and or medical conditions which caregivers should be aware of:

All allergies except seasonal allergies require an action plan to attend school.

Does School for Little Children have an Allergy Action Plan on file? _____

If you need an allergy action plan or a medication form, they are located in the SFLC office.

Signature Parent or Legal Guardian

Date