

Kinderspiel

@ German Language Center - 3516 Mt. Vernon - Houston, TX
77006
Phone: 713-524-0346
Kinderspiel@glchouston.com

Photo of child

Admission Information - School Year 2009-2010

Name of child:

Mosquito Repellent:

I hereby give () or do not give () consent to apply "Off" or other products provided by me on my child.

Signature of Parent or Legal Guardian

Date

Crèmes and Lotions:

I hereby give () or do not give () consent to apply sunscreen and other crèmes/lotions provided by me on my child.

Signature of Parent or Legal Guardian

Date

Special Activities Permission

Water activities: I hereby give () or do not give () my consent for my child to participate in supervised water activities, such as Splashing Pools () and Wading Pools ()

Signature of Parent or Legal Guardian

Date

Name of Child:

Medical History

Prior to the first day of school, the health requirements form, including a current immunization record, must be submitted to the school office. A current immunization record is required while your child is in attendance. Please submit update shot records after your child's 4th and 5th birthdays. Children need to participate in a vision and hearing screening within 3 months after their 4th birthday, results need to be documented in the child's school file.

4. Any known allergies?

2. Dietary restrictions

3. Does your child have any special conditions or needs that the school should be made aware of for the safety of your child and other children?

4. Please provide us with any additional information you find pertinent to your child's medical or developmental history: (for example: chronic ear infections, premature, hospitalization, surgeries)

Signature of Parent or Legal Guardian

Date



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Medical Release Form

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Kinderspiel employees to supervise my child while receiving medical attention. In the event parents/guidance cannot be reached Kinderspiel will contact EMS/911 if immediate medical care is necessary.

I prefer my child to be seen by the child's physician:

Name of Physician

Address

Phone

Name of Hospital

Address

Phone

I give consent for necessary emergency treatment when my child is in care of this physician and/or Hospital/Clinic

Signature of Parent or Legal Guardian

Date

Emergency Contact

List parents contact information below where parents/ guardian may be reached while the child will be in care.

Name of Child

Child's Father or Legal Guardian

First name

Last name:

Employer

Business Address:

Work #

Cell #

Child's Mother or Legal Guardian

First name

Last name:

Employer

Business Address:

Work #

Cell #

Person to call in an Emergency (if unable to reach parents) - first preference

Authorized person needs to have a copy of their ID in the child's file and present ID upon release of the child.

Name:

Address:

Home #

Cell #

Relationship:



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Release Authorization

Name of Child

I hereby authorize Kinderspiel staff to allow my child to leave the facility ONLY with the following persons. Please include Emergency Contact person from above. Authorized person needs to have a copy of their ID in the child's file and present ID upon release of the child. This section needs to be crossed out and signed with N/A, if nobody besides the parents is authorized to pick up the child.

Name:	
Address:	
Home #	Cell #
Relationship:	

Name:	
Address:	
Home #	Cell #
Relationship:	

Name:	
Address:	
Home #	Cell #
Relationship:	