Christian School of Northwest Houston

6720 W. Tidwell

Houston, Texas 77092

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**Email:** csnwh@sbcglobal.net

**Website:** [www.csnwh.org](http://www.csnwh.org)

Admission Information

Admission Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Withdrawal Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name: | | | | | Date of Birth: | | |
| Address: | | | **City:** | | | **Zip Code:** | |
| Gender: Male or Female | | | **Ethnicity:** | | | | |
|  | | |  | | |  | |
| Father’s Name: | | | **Mother’s Name:** | | | | |
| Father’s Telephone: | | | **Mother’s Telephone:** | | | | |
| Father’s E-Mail: | | | **Mother’s E-Mail:** | | | | |
| Address (If different from student’s address): | | | **Address (If different from student’s address):** | | | | |
| TDL#: | | | **TDL#:** | | | | |
| Employer: | | | **Employer:** | | | | |
| Work Telephone: | | | **Work Telephone:** | | | | |
|  | | |  | | | | |
| Emergency Contact Other Than Parent | | **Address** | | **Telephone #** | | | **Relationship** |
| I hereby authorize Christian School of Northwest Houston to allow my child to leave the school ONLY with the following persons. | | | | | | | |
| Name |  | | | **Telephone #** | | | **Relationship** |
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|  | | | | | | | |
|  | | | | | | | |
| Student will only be released to the person designated by the parent after verification of ID. | | | | | | | |

With my signature below, I consent to and acknowledge the following activities and statements;

1. Transportation of my child in the event of an emergency
2. Field trips that have been previously discussed with parents
3. Participation of water activities that include sprinkler play
4. Serving my child an afternoon snack (menu posted in Extended Care office)
5. All meals come from home. CSNWH will not be responsible for child’s daily nutritional needs.

**Media Release**

I give CSNWH permission to photograph my child for school projects and/or media releases.

**Operational Policies Statement**

I have received a copy of or have viewed on school’s website the CSNWH operational policies including those for discipline and guidance.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Date Director Signature**

|  |  |
| --- | --- |
| **Student Name:** | **Address:** |
| **Mother’s Name:** | **Telephone #:** |
| **Father’s Name:** | **Telephone #:** |

**Special Needs Statement**

This includes, but is not limited to, allergies, existing illness, previous serious illness and injuries, hospitalization during the past 12 months and any medications prescribed for continuous, long-term use.

**Authorization for Emergency Medical Attention**

In the event that I cannot be reached at a time of illness or accident, or the emergency is such that time does not permit such contact, I authorize Christian School of Northwest Houston to take my child to the following physician or the nearest hospital emergency facility for treatment:

|  |  |  |
| --- | --- | --- |
| **Physician:** | **Physician’s Address:** | **Physician’s Telephone:** |
| **Emergency Medical Facility:** | **Emergency Medical Facility Address:** | **Emergency Medical Facility Telephone:** |

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician’s Health Statement**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been examined by me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name Date

and is able to participate in school activities without any restrictions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Signature Physician’s Address Physician’s Telephone

Dear Office Manager:

Please submit the following records (if applicable) to avoid duplication of procedures;

* Current immunization records
* Vision Screening
* Hearing Screening
* Spinal Screening

Help Us Get To Know Your Preschooler Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B.\_\_\_\_\_\_

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| --- |
| In addition to the “Special Needs Statement” are there other health concerns you deem important to share? |
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| Does your child need help in toilet training?  If yes, let’s make time to discuss a plan. What time is best for you? \_\_\_\_\_\_\_\_\_\_\_\_\_a.m. or p.m. |

|  |
| --- |
| Is your child able to communicate his/her needs? |
| What form of discipline is used in your home to stop a dangerous behavior or one you may not approve of? |
|  |
| When your child becomes upset, what calms him/her down? |
|  |
| How do you distract your child while having a temper tantrum? |
| Does your child sleep with a blanket or other object for comfort? If so, what? |

|  |
| --- |
| What does your child enjoy eating the most? |
| Is your child able to use utensils yet? |
| Does your child choke easily when eating? |

Continued

|  |
| --- |
| What are some of the activities you and your child do together? |
|  |
| * With other children? * Alone? |

|  |
| --- |
| Tell us about your family. |
|  |
|  |

I understand and agree that this information will be relayed to my child’s teacher to better meet the needs of my child. I also understand that this information is not to be shared with anyone that is not involved with hers/his education at CSNWH

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Date