

At Living Hope Church

New Admission Application

Faith@aofp.org

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M F

 Last First MI Name Used

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month/Day/Year

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 City State Zip Code

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child Resides With: (Circle One)**

Mother/Father Mother Only Mother/Step-Father Guardian

 Father/Step-Mother Father Only Grandparents Aunt/Uncle

**Father:** Marital Status: M S D W **Mother:** Marital Status: M S D W

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Name: Date of Birth:**

**Pick-Up List:** I hereby authorize the facility to allow my child to leave the facility ONLY with the following:

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

First & Last Name Phone Number First & Last Name Phone Number

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

Address Address

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

First & Last Name Phone Number First & Last Name Phone Number

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

Address Address

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

First & Last Name Phone Number First & Last Name Phone Number

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

Address Address

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

First & Last Name Phone Number First & Last Name Phone Number

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

Address Address

**EMERGENCY FIRST AID INFORMATION**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade/Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has permission to take:

 Tylenol: Yes \_\_\_\_\_ No \_\_\_\_\_ Over the Counter Medication: Yes \_\_\_\_\_ No \_\_\_\_\_

Health/Background/Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency #: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Name: Date of Birth:**

**HEALTH INFORMATION**

Child’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child have any of the following health problems?

\_\_\_\_\_ Diabetes \_\_\_\_\_ Visual \_\_\_\_\_ Asthma

\_\_\_\_\_ Joint or muscular \_\_\_\_\_ Allergies \_\_\_\_\_ Speech

\_\_\_\_\_ Epilepsy or seizures \_\_\_\_\_ Hearing \_\_\_\_\_ Heart

If you answered yes to any of the above please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the applicant exhibit any of the following?

\_\_\_\_\_ Hyperactivity \_\_\_\_\_ In-coordination \_\_\_\_\_ Twitching

\_\_\_\_\_ Severe Headaches \_\_\_\_\_ Nervousness \_\_\_\_\_ Tantrums

\_\_\_\_\_ Short Attention Span \_\_\_\_\_ Aggression \_\_\_\_\_ Frequent Stomach Aches

\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you answered yes to any of the above please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:** Name of people to call in case of an emergency if parents cannot be reached.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First & Last Name Relationship Cell Work

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First & Last Name Relationship Cell Work

**Authorization for Emergency Medical Treatment**

In case of emergency, I/we give Angels of Faith Preschool permission to take my/our child to BSW Medical Center at Waxahachie for treatment.

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

Signature of Guardian Date Signature of Guardian Date

**Child’s Name: Date of Birth:**

**PHYSICIAN INFORMATION**

**MUST BE COMPLETE BEFORE STUDEN CAN BE ENROLLED**

Name of Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First & Last Name

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip Code

Hospital/Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip Code

**IMMUNIZATION RECORD**

A current photocopy of the child’s immunization records MUST be attached to this sheet. A child will not be placed in a class without this record.

**DOCTOR’S GOOD HEALTH FORM**

I agree to provide Angels of Faith Preschool with a good health form from my doctor. A child will not be placed in a class without these records.

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

 Date Parent/Guardian Signature

**Tylenol Permission Slip**

**(Children under the age of 2 must turn in a Dr.’s Tylenol Permission Slip)**

**\_\_\_\_\_\_\_\_\_ I DO** give AOFP permission to administer Tylenol to my child.

\_\_\_\_\_\_\_\_\_ I **DO NOT** give AOFP permission to administer Tylenol to my child.

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

 Date Parent/Guardian Signature

**Child’s Name: Date of Birth:**

**OVER THE COUNTER MEDICATION PERMISSION**

\_\_\_\_\_\_\_\_ I **DO** give AOFP permission to administer any over the counter medication to my child.

\_\_\_\_\_\_\_\_ I **DO NOT** give AOFP permission to administer any over the counter medication to my child.

(Examples of OTC medications include: hydrocortisone cream, Benadryl, antibiotic ointment, peroxide, etc.)

**TRANSPORTATION, WATER ACTIVITIES, AND FIELD TRIP PERMISSIONS**

1. **TRANSPORTATION:**

I hereby \_\_\_ give/\_\_\_ do not give my consent for my child to be transported and supervised by the facility’s employees.

\_\_\_\_\_ on field trips (K4 and older only) \_\_\_\_\_ to and from home

\_\_\_\_\_ to and from school \_\_\_\_\_ in an evacuation

1. **WATER ACTIVITES:**

I hereby \_\_\_ give/\_\_\_ do not give consent for my child to participate in water activities.

\_\_\_\_\_ sprinkler play \_\_\_\_\_ water table play

1. **FIELD TRIPS (K4 AND OLDER ONLY):**

I hereby \_\_\_ give/\_\_\_ do not give my consent for my child to participate in field trips.

**NOTICE OF DISCRIMINATORY POLICY AS TO STUDENTS**

Angels of Faith Preschool accepts students of any race, gender, color, national or ethnic origin to all the rights, privileges, programs and activities generally associated or made available to students at the school. It does not discriminate on the basis of race, gender, color, national or ethnic origin in administration of its educational policies, admission policies and other facility administered programs.

**Child’s Name: Date of Birth:**

**PARENTAL AGREEMENT SIGNATURE SHEET**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian’s Initials

\_\_\_\_\_ 1. **RELEASE OF LIABILITY DURING SCHOOL CLOSURE:** I acknowledge that I have read, understand and agree to comply with the “Release of Liability during School Closure” statement contained in the Student Handbook or Angels of Faith Preschool Parent Handbook.

\_\_\_\_\_ 2**. TUITION AND FEES:** I acknowledge that I have read, understand and agree to take full financial responsibility for my household account during this entire school year. I agree to make monthly payments on time, to pay any charges as stated herein and to have my account completely paid in full by the end of the school year. I further agree to pay any fines or charges deemed necessary by Angels of Faith Preschool regarding property destruction as outlined in the student handbook or Angels of Faith Preschool Handbook. If tuition is behind more than one month your child could immediately be dismissed.

\_\_\_\_\_ 3. **PARENT HANDBOOK:** I acknowledge that I have read, understand and will comply with the Angels of Faith Preschool Parent Handbook.

\_\_\_\_\_ 4. **FIELD TRIPS:** My (K4 and Older) child has permission to go on any school related field trip or activity. Notification of the field trips must be posted for parents 48 hours in advance.

\_\_\_\_\_ 5. **DISCIPLINE AND DISMISSAL:** I hereby understand and accept the discipline policies of Angels of Faith Preschool. I give permission for my child’s teacher and/or agents of the school to make and enforce classroom regulations in a manner consistent with Christian principles and discipline as set forth in the Scriptures.

\_\_\_\_\_ 6. **MEDICATION:** I acknowledge that I have read, understand and agree to abide by the medication guidelines put into place by the State of Texas for Angels of Faith Preschool.

\_\_\_\_\_ 7. **INSURANCE:** I acknowledge that I have read and understand the Angels of Faith Preschool Insurance policy.

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

Parent/Guardian Signature Date

**ANGELS OF FAITH PRESCHOOL PAYMENTS**

2020-2021 ENROLLMENT PACKET PAYMENT FORM

FATHER: MOTHER:

NAME: NAME:

EMPLOYER: EMPLOYER:

CELL: CELL:

WORK: WORK:

EMAIL: EMAIL:

CHILD NAME \_ \_\_ DOB \_\_ \_

CHILD NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_ \_

CHILD NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_

CHILD NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_

CHILDREN WILL BE ATTENDING: (CHECK ONE}

\_ SCHOOL YEAR AROUND (AUG-JUNE)

\_ YEAR ROUND (A UG - AUG)

WHEN WOULD YOU LIKE TO SET YOUR PAYMENTS? (CHECK ONE}

 \_\_\_ 1st of the month

 \_\_\_ 15th of the month

 \_\_\_ Split between the 1st & 15th of each month

**Child’s Name: Date of Birth:**

**ENROLLMENT AGREEMENT 2020-2021**

I understand that my child is enrolled at Angels of Faith Preschool and is scheduled to begin, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. If for any reason I choose not to start on the above date, I must give two weeks’ notice or I will be charged for two weeks of care for my child. I also agree that if I decide to withdraw my child, I will give two weeks written notice or be billed for the equivalent hours.

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

Parent/Guardian Signature Date

We agree to make tuition payments for the 2018-2019 school year according to the options above.

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

Parent/Guardian Signature Date

**Tuition and Fees:** *I acknowledge that I have read, understand and agree to take full financial responsibility for my household account during this entire school year. I agree to make monthly payments on time, to pay any charges as stated herein and to have my account completely paid in full by the end of the school year. I further agree to pay any fines or charges deemed necessary by Angels of Faith Preschool regarding property destruction as outlined in the student handbook or Angels of Faith Preschool Handbook.* ***If tuition is behind more than one month your child could immediately be dismissed.***

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

**PERMISSION TO USE PHOTOGRAPHS**

**ANGELS OF FAITH PRESCHOOL**

**FAMILY NAME:**

**NAME(S) OF CHILD(REN):**

Periodically we send press releases to local newspapers about our program. There are two ways that you can help us accomplish this. Please take a minute to sign the bottom of this form acknowledging permission for us to use photos of your child(ren) involved in these special activities.

1. Waxahachie Daily Light
2. Waxahachie NOW Magazine
3. AOFP.ORG or AOFP Parent’s Only Facebook page

I give Angels of Faith Preschool child care program permission to submit pictures of my children to local newspapers for use in press releases.

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

Parent/Guardian Signature Date

**PRIVACY PERMISSION AGREEMENT**

**ANGELS OF FAITH PRESCHOOL**

Our first priority is to protect your child’s health and safety. To ensure that we are operating with your full understanding and agreement about your family’s privacy, we ask that you grant permission to conduct the following activities. Please check off each item to which you give your consent and sign below:

\_\_\_\_ Placing photos of your child around the center.

\_\_\_\_ Placing photos of your child in photo albums for viewing by prospective clients and other families in our area.

\_\_\_\_ Using photos of your children in our marketing flyers.

\_\_\_\_ Using photos of your children on our website.

\_\_\_\_ Posting artwork and other crafts that include your child’s name around our center.

\_\_\_\_ Listing the name of your child or other members of your family in our client newsletter and posting this information on our bulletin board.

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

Parent or Legal Guardian’s Signature Date

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

Parent or Legal Guardian’s Signature Date

**CHILD CARE POLICIES AGREEMENT**

* Center policies may change without notice.
* A one week written notice will be given before revising current policies or adding new ones.
* By signing this policy handbook, you indicate that you have read the policies and agree to follow them. I reserve the right to make changes to policies without notice.
* By signing this page, you indicate that you have read the policies and agree to follow them. A two-week written notice will be given before revising the current policies or adding a new policy.

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

Parent or Legal Guardian’s Signature Date

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

Parent or Legal Guardian’s Signature Date

DOCTOR’S GOOD HEALTH

ANGELS OF FAITH PRESCHOOL

2420 BROWN ST , WAXAHACHIE, TEXAS 75165

**CHILD’S NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE OF BIRTH**\_\_\_\_\_\_\_\_\_\_\_

The above named child has been seen within the past twelve months and is found to be in good health.

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

Doctor’s Signature Date

**Two Years and Under**

**Doctor’s Tylenol Permission Slip**

**The adove named child has permission to have Tylenol or a genric brand substituted in**

**Following dosage:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Doctor’s Signiture**

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

 **Date**

**(The Texas Department of Protective and Regualtory Service requires this information each year)**