

Creekwood Cottage Preschool

5655 Creekside Forest Dr., Spring, TX, 77389

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Director: Kim Swaffield

SUMMER CAMP APPLICATION

Applicant Information

I would like to enroll my child in:

Camp 1	Young Nature Artist's Camp	Week 1: July 16 - July 20	\$135.00 <input type="checkbox"/>
	9.00 - 11.30	Week 2: July 23 - July 27	\$135.00 <input type="checkbox"/>
Camp 2	Young Naturalist Camp	Week 1: July 16 - July 20	\$135.00 <input type="checkbox"/>
	9.00 - 11.30	Week 2: July 23 - July 27	\$135.00 <input type="checkbox"/>
Camp 3	Young Ecologist Camp	Week 1: July 16 - July 20	\$135.00 <input type="checkbox"/>
	12.30 - 3.00	Week 2: July 23 - July 27	\$135.00 <input type="checkbox"/>

5% sibling discount to be applied

****Note:** Children may enroll in a morning and afternoon camp which will include free lunch and nap time.

Student's full name: _____

Last

First

Middle

Students preferred name: _____

Birth date: ____/____/____

Gender: M F

Social Security Number: _____

Home Phone: _____

Address: _____

Place of Birth/Nationality: _____

Previous countries of residence: _____

Languages spoken: _____

Are both parents living? _____

Separated or Divorced? _____

Father/Guardian

Name _____ Social Security Number: _____
Last First Middle

Address: _____

Home phone: _____ Cell phone: _____

Business phone: _____ Email address: _____

Occupation: _____ Employer: _____

Business address: _____

Mother/Guardian

Name _____ Social Security Number: _____
Last First Middle

Address: _____

Home phone: _____ Cell phone: _____

Business phone: _____ Email address: _____

Occupation: _____ Employer: _____

Business address: _____

Signature Pages

I, _____, do/do not give permission for my child _____

to be photographed during the school year, and such photograph/s may be used in any media formats related to

Creekwood Cottage Preschool. Signed _____ Date / /

Release

I, _____, hereby authorise Creekwood Cottage Preschool to allow my child to leave the school ONLY with the following persons. Please list name and telephone number for each. Children will only be released to a person designated by the parent/guardian after verification of ID.

Name Relationship Phone number

Name Relationship Phone number

Signed _____ Date / /

Signature Pages Continued

Check all that apply

1. FIELD TRIPS

I hereby give do not give consent for my child to participate in Field Trips WITHIN Cunae Campus:

Parent Comments: _____

2. WATER ACTIVITIES

I hereby give consent for my child to participate in the following Water Activities:

Sprinkler play Water table play None

3. RECEIPT OF OPERATIONAL POLICIES:

I acknowledge that the facility's operational policies for discipline and daily activities will be posted on the door at all times, and I will make myself aware of them.

Yes No

4. MEALS

I understand that the following meals, provided by me, will be served to my child while in camp:

AM Snack Lunch PM Snack

5. MY CHILD IS NORMALLY IN CAMP ON THE FOLLOWING DAYS

- Mondays From: To:
- Tuesdays From: To:
- Wednesday From: To:
- Thursday From: To:
- Friday From: To:

Signed _____

Date / /

CREEKWOOD COTTAGE PRESCHOOL
Immunization Records

Creekwood Cottage must keep on file for each child either a:

1. Complete immunization records (please bring original for verification & to copy)
-OR-
2. An official immunization waiver
-AND-
3. Hearing and Vision Test results (please bring original for verification & to copy) (4 year olds and older)
4. A statement of health signed by a pediatrician

To Get an Immunization Waiver in Texas (2 ways):

- A. On June 10, 2003, the Governor signed House Bill 2292, which included an amendment allowing an exemption to immunization requirements for reasons of conscience, including religious beliefs. Effective September 1, 2003, exemptions may be granted by school officials provided the parent or guardian has submitted an official Texas Dept. of Health affidavit requesting this. If you've submitted an old religious exemption prior to 9/1/03 you are grandfathered under the old law and do not need a new form. If your child changes schools, the vaccine exemption should have become part of the child's official school records and will be sent along to the new school. A separate form must be submitted for each child. Requests cannot be submitted verbally or via email. This takes 3 steps.

First Step: Submit a written request to:
TDH Bureau of Immunization and Pharmacy Support
1100 West 49th Street, Austin, TX 78756
or by fax at 512-458-7288
between 8 and 5 Monday-Friday

Your letter must include (for each child):
- Full name and birth date of child
- Parent/Guardian's complete mailing address
- Number of forms needed for each child (max=5)

Second Step: ALL Affidavit forms will be mailed to you via USPS within one week of receipt. You will be notified if additional information is needed.

Third Step: The affidavit must be notarized and submitted to school officials within 90 days of notarization. No other forms or reproductions will be allowed.

- B. Additionally, you may get an official medical exemption from a doctor. It must state that "in the physician's opinion, the vaccine required poses a significant risk to the health and well being of the child or any member of the child's household and that it is a lifelong condition." If the doctor's letter does not state that it is a lifelong condition, it must be renewed annually.

For more information or to check it out on the web, go to:

<http://vaccineinfo.net> and http://www.tdh.state.tx.us/immunize/school_exclusion.htm

CREEKWOOD COTTAGE PRESCHOOL

HEALTH/EMERGENCY CARD

PERSONAL INFORMATION:

Child's Full Name: Last	First	Middle	Date of Birth
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Address	Home Phone #
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Mother's Name	Work Phone	Cell Phone	Email
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Father's Name	Work Phone	Cell Phone	Email
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Who should we try to contact first and secondly In **Case of Emergency?** (i.e. Mom's Cell then Dad's Work Phone)

OTHER EMERGENCY CONTACTS:

Name	Relationship to Child	Phone Number(s)
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Name	Relationship to Child	Phone Number(s)
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HEALTH CARE INFORMATION:

Insurance Carrier	Phone Number	Coverage Listed Under
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Policy #	Group #
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Primary Physicians Name	Address	Phone Number
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Dentist's Name	Address	Phone Number
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Emergency Medical Care Facility	Address	Phone Number
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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 the above named physician and/or emergency medical care facility.

Signature - Parent/Legal Guardian Date:

MEDICAL INFORMATION: Please check all that apply

My child has:

- Food Allergies or Abstinence Type/Treatment : _____
- Medicinal Allergies Type/Treatment : _____
- Bee / Wasp Sting Allergies Type/Treatment : _____
- Plant or Other Allergies Type/Treatment : _____
- Asthma Type/Treatment : _____
- Diseases/Major Illnesses Type/Treatment : _____
- Disabilities Type/Treatment : _____
- Other Conditions Type/Treatment : _____
- Injuries Type/Treatment : _____
- Surgeries Type/Treatment : _____
- Plant or Other Allergies Type/Treatment : _____

- Medications Given Daily Type/Dosage/Frequency : _____
- Sunscreen Type/Dosage/Frequency : _____
- Insect Repellent Type/Dosage/Frequency : _____

* To administer ANY medication, we must be provided with the medication, in its original container, clearly labelled with the name and a note from the parent or guardian requesting that we administer the medicine and describing the exact dosage and conditions under which it is to be administered.

CONSENT:

First Aid: I consent for my child to be treated with the following for scrapes and minor illnesses: (check)

- Only Soap and Water Homeopathic Remedies Other Instructions

Other Comments or Concerns:

Parent's Signature

Date

Emergency Treatment: I hereby authorize any staff member of Creekwood Cottage Preschool to obtain any and all treatment deemed medically necessary for my child when my child is in the care of said staff member. I understand the staff will attempt to contact me if such an emergency occurs.

Parent's Signature

Date