

# School in the Pines / 2012 – 2013 / Schooler Application

Days Attending: M-F 4 days (days \_\_\_\_\_) 3 days (days \_\_\_\_\_) 2 days (days \_\_\_\_\_)  
Before/After Before only After only PreK Before/After PreK Before only PreK After only

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Sex \_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Home Ph. \_\_\_\_\_ Mailing Add. \_\_\_\_\_ Sub. \_\_\_\_\_

Elem. School Grade \_\_\_\_\_ Teacher(s) Names \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employed By \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employed By \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Please list sibling's names and ages here: \_\_\_\_\_

Please list persons approved to pick up your child. ONLY those listed will be able to pick up your child. Identification may be required. List relationship to child. \*List phone number if we may call this person in case of emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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AUTHORIZATION FOR EMERGENCY MEDICAL CARE: If I cannot be reached to make arrangements for emergency medical care, I hereby authorize SCHOOL IN THE PINES to take my child to (or nearest hospital):

Dr. \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature at bottom of this form serves as medical authorization release.

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School most recently attended: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

My child attends Lemm Elementary (phone 832-484-6300) and his/her immunization/vision/hearing records are on file there. \_\_\_\_\_ check here

By signing this application, I agree that I have read and understand all policies in the current school brochure. Registration Fee is NON-REFUNDABLE and must be returned with this application. Missed days/weeks of school for illness/vacation will not be credited.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_ Start Date \_\_\_\_\_

**SCHOOL-AGE**

**Student Information Sheet for** \_\_\_\_\_

Describe your child's personality (shy, outgoing, laid back, etc.)

\_\_\_\_\_

Does your child have any special behavior problems, speech delays, etc?

\_\_\_\_\_

Please list any health problems:

\_\_\_\_\_

What type of discipline does your child respond best to?

\_\_\_\_\_

Has your child recently gone through any major changes or been exposed to new situations (i.e. Divorce, move, serious accident or death in the family, etc.)? Please share any info that might be helpful.

\_\_\_\_\_

Please help us understand your child's home situation (i.e. living with both parents, spending time alone with each parent, living with grandparent, etc.) This information helps us when we talk about Mother's Day, Father's Day, and families. If your child was adopted, you may share this information with us.

\_\_\_\_\_

\_\_\_\_\_

Does your child have any special fears (dark, monsters, bugs, etc.)?

\_\_\_\_\_

List your child's favorite characters, role models, toys, super heroes, interests, etc.

\_\_\_\_\_

We offer a short blessing before snacks and meals. If you would like, you may share your religious affiliation, church denomination, etc. This may help us as we celebrate holidays in the classroom. \_\_\_\_\_

In the fall, many children from School in the Pines attend a See You at the Pole Prayer Rally (held at Lemm in the morning before school starts). Please let us know if your child may participate. \_\_\_\_\_

Circle any of the following you are interested in:

Cheerleading

Dance - hip hop

Tennis

TaeKwonDo

From time to time, we like to display photographs of the children in our classes and use photos for our school brochures or website. Please let us know if you agree to have your child photographed and their photo used for these purposes.

**Classroom display**

yes or no

**Brochure**

yes or no

**Website**

yes or no

Please list after-school (Lemm) activities your child will participate in (or let us know as soon as your child has signed up):

\_\_\_\_\_

Should your child do their homework here at school or would you prefer them to do it at home? Or here, but on certain days:

\_\_\_\_\_

Please let us know if your child has any food allergies or dietary restrictions that would prevent them from trying all foods offered.

\_\_\_\_\_

Parent Signature and Date \_\_\_\_\_