

ADMISSION INFORMATION

The Kipling School

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admin@thekiplingschool.com

Referred by: \_\_\_\_\_

Please note: all children are placed on the waitlist according to registration date. If a student ages up to the next list, they will be inserted according to that date.

Registration Date: \_\_\_\_\_

Reg. fee: \$150.00 ck# \_\_\_\_\_

Monthly Tuition: \$ \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child's Address: \_\_\_\_\_ Home #: \_\_\_\_\_

Hours & days child in care: \_\_\_\_\_ First day: \_\_\_\_\_ Last day: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

Please list ALL phone numbers where parents/guardians may be reached while the child will be in care:

Mother's Cell: \_\_\_\_\_ Father's Cell: \_\_\_\_\_ Mother's Work: \_\_\_\_\_

Father's Work: \_\_\_\_\_ Other: \_\_\_\_\_ Other: \_\_\_\_\_

Mother's email: \_\_\_\_\_ Father's email: \_\_\_\_\_

Please give the name, address & phone number of the person to be contacted if parents cannot be reached in case of an emergency:

Name Address Phone Number(s)

I hereby authorize The Kipling School to allow my child to leave the facility ONLY with the following individuals other than his/her parents or guardians. (Please list names and phone numbers.) They will be asked to provide a valid form of identification.

Table with 3 columns: Names, Phone numbers, and empty space for details.

- 1. I give permission for my child to participate in water activities such as splashing/wading pools, sprinkler play and water table play.
2. I give permission for The Kipling School to take photographs, videos, and other media of my child for use only within the confines of the school.
3. I acknowledge receipt of The Kipling School's written operational policies, including those of discipline and guidance, and I agree to the terms outlined within.

Parent's Signature \_\_\_\_\_

Please list any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use and any other information which staff should be aware of:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention for my child, I authorize the person in charge to take my child to:

Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Ins. Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Named Insured: \_\_\_\_\_

I give consent for this facility to secure any and all necessary emergency medical care for my child.

Signature of Parent or Legal Guardian