

New Haven United Methodist Day School  
 5603 South New Haven Avenue Tulsa, OK 74135  
 (918) 742-6781 \* www.newhavendayschool.org

**SCHOOL AGE PROGRAM**

Child's name \_\_\_\_\_

<b>SCHOOL YEAR 2017-2018</b>	<b>Grade (K-5<sup>th</sup> only):</b> _____		Check your choice
Enrollment Fee (first child; non-refundable) (First month's tuition due at time of enrollment-non-refundable)		\$100	
\$75 for each additional child(non-refundable)			
Monday-Friday		\$285	
Three days (circle days attending each week) M T W TH F		\$210	

<b>SUMMER 2017</b>	<b>Grade in Aug. 2017:</b> _____ (Must have completed Kindergarten)		Check your choice
Enrollment fee (non-refundable)		\$100	
Monday-Friday		\$1300	

<b><u>For Office Use</u></b>			
<b>FALL</b>	Date rec'd _____	Check # _____	Cash _____
	Reg. fee _____	Tuition _____	Total rec'd _____
<b>SUMMER</b>	Date rec'd _____	Check # _____	Cash _____
	Reg. fee _____	Tuition _____	Total rec'd _____
Immunization Record rec'd _____		Doctor's Note rec'd _____	

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

Home Phone \_\_\_\_\_ Grade in School 2017-2018 \_\_\_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Can we text you on your cell? \_\_\_\_\_

Place of employment \_\_\_\_\_ Work \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ Can we text you on your cell? \_\_\_\_\_

Place of employment \_\_\_\_\_ Work \_\_\_\_\_

How did you learn about our school? \_\_\_\_\_ Are you an active military family? \_\_\_\_\_

Referred By \_\_\_\_\_

**MEDICAL INFORMATION**

Child's Physician or Clinic \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Food allergies/special dietary needs/restrictions \_\_\_\_\_

Other allergies/adverse reactions \_\_\_\_\_

Special needs or disabilities \_\_\_\_\_

Medications your child is taking \_\_\_\_\_

Medication precautions/conditions \_\_\_\_\_

**CHILD'S INFORMATION**

Has your child attended child care before? Yes No \_\_\_\_\_

Fears/dislikes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Behavioral concerns (defiance, hitting, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Developmental concerns \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional comments or helpful hints about your child \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## RELEASE AND AUTHORIZATION FORM

*I have read and agree to abide by the policies in the Parent Handbook.*

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

\_\_\_\_\_  
Date

*I agree to and give authorization for the following regarding my child:*

\_\_\_\_\_  
Child's First Name

\_\_\_\_\_  
Child's Last Name

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

\_\_\_\_\_  
Date

### TRANSPORTATION CONSENT

I give permission for my child to be transported from Carnegie Elementary, on field trips or to the nearest medical facility in case of emergency, by New Haven United Methodist Day School Staff or persons designated by Staff.

### AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I authorize the Staff of New Haven United Methodist Day School to seek necessary medical treatment for my child. I authorize necessary emergency treatment when my child is in the care of any physician or dentist licensed by the State of Oklahoma and clinic/hospital service that may be rendered to said minor under the general, specific, or special consent of New Haven United Methodist Day School Staff.

It is understood that this consent is given in the event that I cannot be reached to make arrangements for emergency medical attention. I encourage those person(s) who have temporary custody of this minor, and said physician or dentist, to exercise his/their judgment as to the requirements of such diagnosis or medical or dental treatment.

### PERSONS AUTHORIZED TO PICK UP MY CHILD OR BE NOTIFIED IN CASE OF EMERGENCY:

Name/Relationship	Phone

### PHOTO RELEASE

\_\_\_\_\_ Yes, I consent for New Haven Day School Employees to take my child's picture and to the use of my child's photo on New Haven Day School's brochures, website, &/or social media pages.

\_\_\_\_\_ No, I do not consent for New Haven Day School Employees to take my child's picture or to the use of my child's photo on New Haven Day School's brochures, website, &/or social media pages.