

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 _____

SCHOOL YEAR 2016-2017	Grade (K-5th only): _____		Check your choice
Enrollment Fee (first child; non-refundable)		\$100	
\$75 for each additional child			
Monday-Friday		\$285	
Three days (circle days attending each week) M T W TH F		\$210	

SUMMER 2016	Grade in Aug. 2016: _____ (Must have completed Kindergarten)		Check your choice
Enrollment fee		\$100	
Payment plan available--			
Monday-Friday		\$1400	

<u>For Office Use</u>			
FALL	Date rec'd _____	Check # _____	Cash _____
	Reg. fee _____	Tuition _____	Total rec'd _____
SUMMER	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 _____

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? _____

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

_____ 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 Facebook page. **(Please initial if you agree)**