

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

SUMMER SCHOOL PROGRAM

Child's name _____

SUMMER 2018	Age on June 1, 2018: _____		
Enrollment fee (non-refundable) Due upon Enrollment		\$25.	
Session one Tuesday and Thursday June 5-29 th Due upon Enrollment, non-refundable		\$230	
Session two Tuesday and Thursday July 5-31 st Due by July 5 th or upon enrollment if not attending in June; non-refundable		\$230	

For Office Use			
Summer session one	Date rec'd _____	Check # _____	
Cash _____			
Reg. fee _____	Tuition _____	Total rec'd _____	

Summer session two	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.

