

ADMISSION INFORMATION - 2023-2024

Date of Admission: September 5, 2023

Names, address, phone numbers, and e-mail addresses will be listed in our school directory unless you request otherwise.

Please print clearly:

Child's Full Name: _____ Date of Birth: _____
Name called: _____ Male _____ / Female _____
Home address: _____ City & ZIP _____ Home Phone: _____
Does the student live with: Both parents? _____ Mother only? _____ Father only? _____ Other? (specify) _____
What is the student's ethnicity? _____ What language(s) does the student speak? _____

Name of Primary Contact: _____ E-mail address: _____
Employer: _____ Occupation: _____
Work phone: _____ Cell phone: _____

Name of Secondary Contact: _____ E-mail address: _____
Employer: _____ Occupation: _____
Work phone: _____ Cell phone: _____
If different from student: Home Phone: _____ Address: _____
City & ZIP: _____

Please list names and phone numbers of local persons who have your permission to pick up your child, and who could be contacted in case of an emergency if you cannot be reached. (Local relatives, caregivers, friends, neighbors, co-workers, or other St. Paul's School parents.)

AT LEAST ONE CONTACT IS REQUIRED!

Name: Phone: (cell or work) Relationship to Child:

Please list out of town relatives who have your permission to pick up your child when they are visiting.

***REQUIRED SIGNATURE:

Legal Guardian for Admission Information: _____ Date: _____

RELEASE AND HOLD HARMLESS AGREEMENT
ST. PAUL'S SCHOOL AND ST. PAUL'S UNITED METHODIST CHURCH

- *In consideration of my child being permitted to participate in the programs of ST. PAUL'S SCHOOL and ST. PAUL'S UNITED METHODIST CHURCH, which take place on school and church property or under school or church sponsorship, and in consideration of being provided transportation in those programs where transportation is provided by ST. PAUL'S SCHOOL and ST. PAUL'S UNITED METHODIST CHURCH, I assume all the risks and hazards incidental to the conduct of the programs and activities, including transportation in those instances when it is offered. I knowingly release, absolve, indemnify, and hold harmless ST. PAUL'S SCHOOL and ST. PAUL'S UNITED METHODIST CHURCH, its MEMBERS, TRUSTEES, ADMINISTRATIVE BOARD, COMMITTEES, TEACHING STAFF, ADMINISTRATIVE STAFF, SCHOOL COUNCIL , and OTHER STAFF as well as the organizers, sponsors, workers, parents, and all others acting on behalf of ST. PAUL'S SCHOOL and ST. PAUL'S UNITED METHODIST CHURCH or its programs and activities, from all claims that might result from injury, death, and/or damage to me or my child, even if caused in whole or in part by the negligence of those released or indemnified herein.*
- *I understand that this RELEASE AND HOLD HARMLESS AGREEMENT pertains to all programs and activities of ST. PAUL'S SCHOOL and ST. PAUL'S UNITED METHODIST CHURCH, including those for which transportation may be provided by ST. PAUL'S SCHOOL and ST. PAUL'S UNITED METHODIST CHURCH.*
- *This RELEASE AND HOLD HARMLESS AGREEMENT shall remain in effect until revoked by me in writing.*

Signature of parent/legal guardian: _____ Date: _____

THIS SIGNED AGREEMENT MUST BE ON FILE IN ORDER FOR YOUR CHILD TO ATTEND ST. PAUL'S SCHOOL

MEDIA RELEASE

St. Paul's School does not release information or pictures concerning your child to organizations or individuals without your consent. There are occasions, however, that we are asked to participate in media events. (For example: Community Newspapers, Special School Events, St. Paul's Church Newspaper, Website and/or Social Media.) Your consent is required for the release of your child's picture and/or name.

We are hereby requesting permission in advance for your child to appear in any screened media event that may occur this school year, including, but not limited to, website, social media, television, and/or newspapers. All media events are approved by the Director of St. Paul's School. Such consent may be revoked by you at any time by notifying St. Paul's School in writing.

I grant permission for my child to participate in media events. I understand and agree that my child's identity may or may not be released. I understand that this consent may be revoked by me at any time by notifying the school in writing.

Signature of parent/legal guardian: _____ Date: _____

INTRODUCE US TO YOUR CHILD

Please share information about your child. For example, special interests and abilities, any emotional, behavioral or medical concerns. This information is for the confidential use of the teachers who will be working with your child. The more completely you answer the questions, the better they will be able to understand your child. Feel free to use the back of any of these pages.

GENERAL INFORMATION:

Child's Full Name: _____

Name Called: _____

Home Address: _____

Zip: _____ Phone: _____

Date of Birth: _____ Sex: _____

Right or Left Handed: _____

Parent 1- Name: _____

Parent 2- Name: _____

Relationship to Child: _____

Relationship to Child: _____

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

SOCIAL/HOME/ PLAY EXPERIENCES:

Names and ages of siblings: _____

Do any adults other than the parents live at home? _____ If so, what is their relationship to your child? _____

With whom does your child stay when you are away? _____

Does your child have good play experience in the neighborhood? _____ Please describe _____

How is your child socially with peers or does your child prefer playing alone? _____

What are your child's favorite pastimes? _____

Does your child listen to stories or does your child enjoy books? What kind of stories/books? _____

Does your child have music experience (piano, instruments, records, singing, etc.)? _____

Does your child have any pets? What kind? What are their names? _____

Has your child attended another school? yes ___ / no ___ If yes, where and when: _____

Does your child attend Sunday School/Church? yes ___ no ___ Which church? _____

Is your child involved in family worship (describe)? _____

Does your child participate in group activities outside the home (describe)? _____

CHILD'S TEMPERAMENT/BIRTH HISTORY:

Please describe your child's daily routine: _____

How does your child react to a change in routine? _____

Have there been any family experiences recently which have influenced your child, such as long trips, serious illnesses, death in the family, recent moves, etc.? _____

Is your child usually active? _____ sedate? _____ quiet? _____ aggressive? _____

Is your child afraid of anything? _____

If yes, how are you dealing with it? _____

Were there any difficulties at birth? (Describe) _____

EATING HABITS:

Does your child have any food allergies? Yes _____ no _____ If yes, describe: _____

Is your child breast fed? yes _____ no _____ occasionally _____

Which meals does your family eat together each day? _____

Describe your child's appetite: big eater _____ fast eater _____ slow eater _____

What is your child's best meal? breakfast _____ lunch _____ dinner _____ snack _____

Times of day your child usually eats: _____

BEDTIME/SLEEPING HABITS:

Does your child nap? _____ What time(s)? _____ How long? _____

Does your child sleep through the night? _____

What time does your child wake up? _____ Goes to bed? _____

Does your child sleep alone? _____ In own bed? _____ In own room? _____ With parents? _____

PARENTING:

What method of discipline is most effective with your child? _____

What causes your child to show his or her temper? _____

How does your child act when disciplined? _____

How do you see yourself in parenting role? Permissive _____ Disciplinarian _____ Consistent _____ Hesitant _____

How do you see your spouse in parenting role? Permissive _____ Disciplinarian _____ Consistent _____ Hesitant _____

Please use the back of this page to give us any other information you think might be useful.

EMERGENCY MEDICAL RELEASE
ST. PAUL'S SCHOOL, 5501 Main, Houston, Texas 77004
Phone: 713-528-6779

TO WHOM IT MAY CONCERN

- a) I hereby authorize a representative of St. Paul's School or St. Paul's United Methodist Church to provide transportation for my child to and from the emergency room, doctor's office, or other medical facility in the event of a medical emergency.
- b) I hereby authorize the bearer of this Emergency Medical Release to authorize medical treatment by the emergency room physician or who she/he deems necessary for my child.

<i>Full Name of Child(ren)</i>	<i>Birthday</i>	<i>Medical Allergies</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/legal guardian

Name (please print): _____

Address: _____ City & Zip: _____ Phone: _____

Parent/legal guardian signature: _____ Date: _____

Complete insurance information or attach a copy of your insurance card.

Name of Insured: _____ ID: _____

Health Insurance Carrier: _____ Phone: _____

Group/Plan/Policy Number: _____

Child's Physician - NAME & ADDRESS REQUIRED

Name: _____ Phone: _____

Address: _____ City & ZIP: _____

Local Emergency Contact (to contact in case parents are not available) - NAME & ADDRESS REQUIRED

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____