

Enrollment Form

(For Children that are not ATS Students)

Apple Tree



School

First Presbyterian Church
Apple Tree School
502 Eldridge
Sugar Land, Texas 77478
(281) 240-1565
Carolyn McGee, Director

Summer Camp Section I - General Information

Child's Complete Name:	Date of Birth: (M/D/Y)	Age:
Child's Nickname:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	Home Phone:
Address:		
City:	Zip:	Subdivision:
Father's Name:	Occupation:	Day Phone:
Mother's Name:	Occupation:	Day Phone:
Emergency Contact:	Day Phone:	

Section II - Medical Information

IMPORTANT

Your child cannot be admitted to school without this
Doctor's Statement!

Doctor's Statement:

I have examined the above named child within the past year and find that he/she is physically able to take part in a preschool program.

Signature Physician or Health Professional

Date

Child's Name:

Date of Birth:

- IF medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect and attach it to this form.
- If immunization and/or TB testing would be injurious to your child or family, you must obtain a certificate (signed by a physician) to that effect and attach to this form.

You may submit a copy of your child's immunization record signed or stamped by a physician or health professional or you can use the following form, signed by a physician or medical professional.

Immunizations Listed Here

See Attached Copy of Immunization Record

	Date: 1st Dose:	Date: 2nd Dose:	Date: 3rd Dose:	Date: 1st Booster:	Date: 2nd Booster:
DPT/Td					
Polio					
HibCv					
Hib B					
Hib A					

Measles:
Vaccine - Rubeola

Mumps: Vaccine

Rubella: Vaccine

Varicella:
Chickenpox Date

PHYSICIAN'S VERIFICATIONS MUST BE SUBMITTED

Measles: Date of Illness:

Mumps: Date of Illness:

Tuberculosis Test: (If recommended by
Texas Department of Health for Area)

Positive Negative

Date: _____

Signature (or Stamp) Physician or Health Professional

Date

Signature - Staff Making Handwritten Copy of Record

Section III - Authorization for Emergency Medical Attention

In the event that I cannot be reached, I give my consent for the emergency medical treatment

of _____.

Child's Complete Name

Signature of Parent

Date

Name of Usual Physician or Clinic:

Phone:

Health Insurance Company:

Policy Number:

Phone:

Section IV - Ride Permission

- My Child should only be picked up by the Parents and the Emergency Contact listed in **Section I** only.
- I hereby give permission for my child to be picked up at Apple Tree School by the following people:

Name:	Number:
Name:	Number:
Name:	Number:
Name:	Number:
Name:	Number:

Signature of Parent

Date