

The Acorn – A School for Young Children
Required Forms for the 2017-2018 School Year

Thank you for completing all required forms. Please make sure that every space on each form is filled, and all signatures (4) and the space for initials (1) are signed. Rather than leaving something blank, please write NONE or NOT APPLICABLE. All forms need to be completed and turned into the office.

Forms:

- Student Directory Information
- Emergency Information
- Permission Slip/Operational Policy Receipt/ Waiver and Release of Liability
- Volunteer Waiver Form: one per person
- Parent Questionnaire
- Health Form, as required (available in “Print out Your Forms” on the website)

Please print clearly.

Student Directory Information: Please complete the following information, USING NAMES BY WHICH YOU AND YOUR CHILD WISH TO BE CALLED, which will be included in our Student Class Lists. It will be published in the PRIVATE section of our website.

(The Acorn Student Directory is for personal use only, for parent communication, friendships, birthday parties, carpools, etc. The list MAY NOT be sold, used for solicitation, or anything other than school purposes.)

Newsletters and information will be emailed to families, as well as being posted on The Acorn website. Please indicate below to which email addresses you would like these sent.

Child's First Name		Child's Last Name	
Child's Address		City	Zip Code
Mother's First Name		Mother's Last Name	Title (Mrs., Dr., etc.)
Mother's Address (if different from child's)		Mother's Preferred #	
City, Zip Code		Alternate/Home/Work #	
Father's First Name		Father's Last Name	Title: Mr., Dr., etc.)
Father's Address (if different from child's)		Father's Preferred #	
City, Zip Code		Alternate/Home/Work #	
Primary e-mail: <u>Please circle</u> Mother Father		send newsletters to this email: Please circle: Yes	
No			
Secondary e-mail: <u>Please circle</u> Mother Father		send newsletters to this email: Please circle: Yes	
No			

Child Last Name		Child First Name		DOB	Gender
Child Address, City Zip		Primary Ph. #		Alt. #	Other #
Mother's Name		Mother's Home Address, Zip (if different than child's)			
Mother's Employer	Mother's Mobile #	Mother's Business Address		Mother's Business #	Employment Hrs.
Father's Name		Father's Home Address, Zip (if different than child's)			
Father's Employer	Father's Mobile #	Father's Business Address		Father's Business #	Employment Hrs.
Persons other than Parents (carpools, nannies, other programs, etc.) to Whom Child May be Released from School					
Name	Relationship	Primary #		Alt. #	

Physician		Address, Zip			
Physician Phone #		Hospital Preferred for Emergency Treatment (✓ check or write name) <input type="checkbox"/> closest OR hosp. name			
Health Insurance Co.		Group/Subscriber #			
Allergies					
Current Medications					
Persons Other Than Parents to be Notified in Case of Emergency When Parents Cannot be Reached (at least one required; may be out of town) ✓ Check if child may also be released to person from school					
Name	Relationship	Address, Zip		Primary #	Alt. #

I HEREBY GIVE PERMISSION TO THE ACORN – A SCHOOL FOR YOUNG CHILDREN (THE ACORN) TO SECURE EMERGENCY MEDICAL TREATMENT FOR MY CHILD WHILE IN THEIR CARE. I AGREE THAT I WILL HOLD HARMLESS THE ACORN AND ITS OWNERS, EMPLOYEES, AGENTS, AND VOLUNTEERS FROM ANY LIABILITY (**INCLUDING LIABILITY UNDER ANY THEORY OF NEGLIGENCE**) FOR SECURING OR ATTEMPTING TO SECURE SUCH EMERGENCY TREATMENT.

Parent Signature X	Date
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Permission Slip/Operational Policy Receipt/ Waiver and Release of Liability

Child Name: _____

By signing below,

- ♦ I give my permission for my child to go on any field trips deemed appropriate by The Acorn. It is permissible for my child to be driven by others on such trips.
- ♦ I give my child permission to participate in playground water activities, including a shallow wading pool.
- ♦ I give permission for my child to be photographed and/or recorded by The Acorn teachers, parents, or, on occasion, the media, as stated in the school policy information.
- ♦ **PLEASE INITIAL** ^X _____ I give permission for images and/or recordings of my child at play to be used in the public portion of The Acorn website or in a publicly available slideshow. (Print "NO" if you do not give permission.)
- ♦ I give permission for my child's artwork to be shown in school-sponsored gallery displays at area museums or businesses.
- ♦ I give The Acorn staff permission to apply mosquito repellent or topical lotions, as needed, if insects or itching are bothersome to my child.
- ♦ I acknowledge receipt of the operational policies including those for discipline and guidance, via the website, tour, and/or written document.
- ♦ I agree that I will hold harmless The Acorn and its owners, employees, agents, and volunteers from any liability (**including liability under any theory of negligence**) for any activities covered under this permission slip.

Date: _____ Signature: ^X _____

Health Concerns, Acknowledgement, and Release of Liability

Parents are required to inform The Acorn in writing on the emergency card, health form, food and allergy emergency care plan, medication release form, etc., with a description of and severity of symptoms, about any allergies and health concerns that would affect the health of their child and their participation in the program. Parents are also required to inform The Acorn in writing of any special needs or services the child may receive. This may include speech, occupational therapy, physical therapy, etc. Also, parents are required to provide updated information as changes occur.

The Acorn will make every reasonable effort to provide a safe, healthy environment for children with allergies and other health concerns and special needs. The Acorn will consider individual allergies and other health concerns before establishing dietary policies for classes and students as they deem necessary.

Occasional events or scheduled activities may not be able to accommodate particular allergies and other health concerns. The Acorn will make every effort to inform the parents of these events and they will be given the option of keeping their child home or not participating that day.

By signing below, I release The Acorn, its employees, Board of Directors, and independent contractors from any and all liability from any issues or injuries related to a child's health concerns (including, but not limited to, injuries resulting from exposure to any allergy causing food, drink, or substance); **this includes any liability based on any type of negligence.**

I also release The Acorn, its employees, Board of Directors, and independent contractors from any and all liability arising from administering parent approved medications or treatments related to a child's health concern (including, but not limited to medications or treatments for allergies); **this includes any liability based on any type of negligence.**

Date _____ Signature ^X _____

RELEASE & WAIVER OF LIABILITY

Important: Each adult volunteer must read and sign (on behalf of him/herself and any minor children attending any volunteer activities) this “Release and Waiver of Liability” before volunteering at The Acorn school or any other event or site. Please complete this form and hand it in to an Acorn staff member before you volunteer for your first event. It will remain in effect thereafter for any subsequent volunteer activities.

This Release and Waiver of Liability (the “Waiver”) executed on this ____ day of _____, 20__, by _____ (the “Volunteer”) in favor of The Acorn – A School for Young Children, Inc., a Texas nonprofit corporation, and/or their respective directors, officers, employees, owners of any premises where activities occur, fellow Acorn parents or volunteers, vendors and agents (collectively, “The Acorn”).

I, the Volunteer, desire to contribute as a volunteer for The Acorn and engage in the activities related to being a volunteer. I hereby freely and voluntarily, without duress, execute this Waiver under the following terms:

1. Complete Waiver & Release. I, the Volunteer, indemnify, release and forever discharge and hold harmless The Acorn and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with The Acorn, including any harm to minor children I may bring with me to such volunteering activities.

I understand and acknowledge that this Waiver discharges The Acorn from any liability or claim that I, the Volunteer, may have against The Acorn with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation in The Acorn volunteer work. I also understand that The Acorn does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage. **I UNDERSTAND THAT THIS WAIVER & RELEASE IS COMPLETE AND APPLIES EVEN IF INJURIES, ILLNESS, DEATH OR OTHER DAMAGES ARE CAUSED IN WHOLE OR IN PART BY A PRE-EXISTING DEFECT, THE NEGLIGENCE (WHETHER SOLE, JOINT OR CONCURRENT), GROSS NEGLIGENCE, STRICT LIABILITY OR OTHER LEGAL FAULT OF THE ACORN.**

2. Insurance. I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of The Acorn beyond what may be offered freely by the representative of The Acorn in the event of such injury or medical expense.

3. Medical Treatment. I hereby release and forever discharge The Acorn from any claim whatsoever that arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with any volunteer activity with The Acorn.

4. Assumption of the Risk. I understand that my time with The Acorn may include activities that may be hazardous to me, including, but not limited to, playground activities with small children, food-preparation activities, loading and unloading of heavy equipment and materials, and local transportation to and from activities. I hereby expressly and specifically assume the risk of injury or harm in these activities and all liability for injury, illness, death, or property damage resulting from the activities of my time with The Acorn.

5. Photographic Release. I grant and convey unto The Acorn all right, title, and interest in any and all photographic images and video or audio recordings made by The Acorn during my work for The Acorn, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Other. I expressly agree that this Waiver is as broad and inclusive as permitted by Texas law, and that this Waiver shall be governed by and interpreted in accordance with Texas law. I agree that in the event that if any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

X _____
Volunteer’s Signature Date

Print Volunteer’s Name Organization (if applicable)

Street Address City State Zip code

Parent Questionnaire:

Child's Name	Birthdate
Does your child have any allergies? Any chronic or contagious conditions? If yes, please describe.	
Does your child have any special needs? Are there any unique circumstances in his/her birth and/or development? If yes, please describe.	
Does your child now receive any special services (speech, motor lab, etc.) or has he/she received any in the past? If yes, please describe.	
Is your child extremely afraid of anything?	
What special interests, favorites, does your child have? (dinosaurs, insects, sports, trains, etc.)	
Any themes you would rather we avoid?	
What hobbies/interests/professions do you have that you might share with the class?	
How many seat belts for children does your vehicle have for field trips? How many car seats in vehicle?	
What family passes do you have? Zoo? The Witte? Botanical Gardens? Children's Museum? The McNay?, etc?	
Any other pertinent information regarding your child/family? (family traditions and celebrations, grandparents live at home, single parent family, frequent travel, etc.)	
FOR YOUNGER CHILDREN:	
Please describe your child's toileting habits/words used.	
What are your child's favorite songs/games/toys?	
What comfort techniques do you use with your child?	



HEALTH FORM: Must be submitted before first day of attendance, and then annually, during the month of the child's birthday.

Child's Name	Birthdate
Parent Name	

STATEMENT OF EXAMINATION: This child was examined by me on _____ and found to be physically able to participate in a nursery school program.

Physician's Signature _____ Date of Signature _____

Print Name of Physician, Address, Phone # _____

This chart summarizes the vaccine requirements by the Texas Department of State Health Services. The requirements for Acorn age children are that they have the following doses by the listed age. Please attach immunization records, showing adherence to the required schedule.

Age vaccine administered to be in compliance:	Texas Minimum State Vaccine Requirements Minimum Number of Doses Required of Each Vaccine							
	DTaP	Polio	HepB	Hib	PCV	MMR	Varicella	HepA
By 25 months	4 Doses	3 Doses	3 Doses	3 Doses	4 Doses	1 Dose	1 Dose	1 Dose
By 43 months	4 Doses	3 Doses	3 Doses	3 Doses	4 Doses	1 Dose	1 Dose	2 Doses

Allergies: Foods	Pollens	Animals
Allergies: Medicines/Others		
Previous serious illnesses and/or injuries:		
Hospitalizations during the last 12 mo.		
Any medications prescribed for long-term, continual use:		
Special physical conditions, restrictions, or needs:		

HEARING/VISION SCREENING: Texas law requires that all children 4 years of age or older have proof of an ANNUAL vision & Hearing

Date:	VISION	R 20/ _____	L 20/ _____	PASS	FAIL
Date:	HEARING	1000 Hz	2000 Hz	4000 Hz	
	R				PASS FAIL
	L				PASS FAIL

Please check one:

- I have attached my child's vaccination schedule, reflecting the dosages required by the Texas State Department of Health.
- I have attached my child's vaccination schedule, on a deferred schedule over a longer period of time, rather than the recommended schedule.
- I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years